

OUT OF SERVICE

[illegible]

NICHOLAS JOHN PURCHIA

ENTERED ON DUTY AT WASHINGTON, D. C.

ON _____ DECEMBER 9, 1946

SS 069-16-6487

[illegible]

PERFORMANCE RATINGS

DATE	RATING
6-19-56	See last. J. Zureick
3-27-62	added FDR/pmb
11-2-64	added 704/mak. (101)
1-18-67	added 704/Jim (106)
7-31-67	added FDR/epj
12-2-71	" " LLD:hed

CAF-9

ENTRANCE SALARY \$4149.60

SALARY CHANGES

DATE	GRADE	SALARY
9-9-56	GS-13	\$8990
3-9-58	GS-13	\$9205
1-12-58	GS-13	9,890
3-9-58	GS-13	10,130
9-6-59	GS-13	10,370.
7-10-60	GS-13	11,155
3-5-61	GS-13	11,415
9-2-62	GS-13	11,675
10-14-62	GS-13	12,610
1-5-64	GS-13	13,265
2-5-64	GS-13	13,355
8-30-64	GS-13	14,175
10/10/65	GS-13	14,685
7/3/66	GS-13	15,113
8/28/66	GS-13	15,561
10-8-67	GS-13	16,207
2-14-68	GS-13	17,289
7/13/69	GS-13	18,974
8-24-69	GS-13	19,501
12-28-69	GS-13	20,673

1-10-71 65-13 21,905

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 12/2/71

FROM

[Redacted]

SUBJECT: SA NICHOLAS J. PURCHIA
New York Office
Veteran

Tolson _____
Felt _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

b6
b7c

PERMANENT BRIEF

Entered on Duty
Reported to Field
Present Grade and Salary
Last Salary Change
Age
Place of Birth
Marital Status
Education

12/9/46
2/28/47
GS-13 - \$21,905
1/10/71 - Basic Increase
58 - Born 8/28/1913
New York, New York
Married - 2 Children
Bachelor of Science Degree
Bachelor of Laws Degree
New York State Bar
None
EXCELLENT
New York
Qualified
None
None

Member of Bar
Language Ability
1971 Annual Performance Rating
Offices of Preference since 8/62
Firearms Ability
Outstanding Endorsers
Relatives in Bureau
Offices of Assignment:

2/28/47 assigned
10/15/47 reported
12/3/47 Resident Agent
11/27/48 reported
1/15/49 hdqrs. fixed
2/23/51 reported
9/10/51 reported

New Orleans
Knoxville
Oak Ridge, Tennessee
Atlanta
Decatur, Georgia
Washington Field
New York

 LLD:bed (1)



DEC 8 1961

By letter dated 12-9-56 he received his Ten-Year Service Award Key.

His daily average overtime for January, 1 hour 31 minutes; February, 1 hour 33 minutes; March, 1 hour 35 minutes.

On 3-31-57 SAC J. J. Kelly rated him EXCELLENT and stated he was available for general or special assignment. He approached all investigative problems in a most mature fashion. He had been assigned to the Communist Front Unit and his work in particular had been in the field of Jewish matters. The major assignment he had had been that of the investigation of the Morning Freiheit. This investigation was of its nature most complex and he had most capably demonstrated an ability to handle it. Paper work submitted by him was far above average and his work in general needed much less than the average amount of supervision. He was interested in and available for administrative advancement. It was believed that he could very capably carry out supervisory duties in the field and at the Seat of Government.

His daily average overtime for April, 1 hour 40 minutes; May, 1 hour 42 minutes; June, 2 hours, July, 2 hours 27 minutes; August, 2 hours 27 minutes; September, 2 hours 27 minutes; October, 1 hour 24 minutes; November, 2 hours 4 minutes; December, 2 hours 27 minutes.

On 1-12-58 he received a Basic Salary Increase to \$9890 per annum in GS-13.

His daily average overtime for January, 2 hours 35 minutes; February, 1 hour 31 minutes; March, 1 hour 33 minutes

On 3-9-58 he received a Uniform Promotion to \$10,130 per annum in GS-13.

On 3-31-58 SAC Powers rated him EXCELLENT and stated he was available for general or special assignment. He had continued to be assigned complex investigative assignments in the Internal Security field. He discharged all his assignments in a most conscientious willing fashion. All written work of his was considered far above average and his work in general needed only the minimum amount of supervision. He could be utilized on raids and dangerous assignments. He was available for administrative advancement; however, had indicated that he would desire to advance along investigative lines.

On 4-22-58 he was placed on the inactive list of Inspector's Aide inasmuch as he did not desire to advance along administrative lines.

His daily average overtime for April, 2 hours 32 minutes; May, 2 hours 35 minutes; June, 2 hours 24 minutes; July, 1 hour 56 minutes; August, 2 hours 34 minutes; September, 1 hour 38 minutes; October, 1 hour 56 minutes; November, 2 hours 23 minutes; December, 2 hours 18 minutes; January, 2 hours 8 minutes; February, March, no overtime recorded.

On 3-31-59 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned to the Internal Security Squad specifically that unit handling Communist front matters. These cases were of their nature complex and he had ably demonstrated his ability to handle complex investigative assignments. He was deemed qualified to participate in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 1 hour 47 minutes; May, 2 hours 22 minutes; June, 1 hour 26 minutes; July, 1 hour 34 minutes; August, 2 hours 22 minutes; September, 1 hour 29 minutes.

On 9-6-59 he received a Uniform Promotion to \$10,370 per annum in GS-13.

His daily average overtime for October, 1 hour 35 minutes; November, 2 hours 24 minutes.

He attended Security In-Service training from 11-2-59 to 11-13-59.

His daily average overtime for December, 1 hour 36 minutes; January, 2 hours 19 minutes; February, 2 hours 33 minutes; March, 1 hour 57 minutes.

On 3-31-60 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned cases involving the investigation of Communist front matters. He had handled these investigations in a most efficient manner. He was capable of handling the most complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 33 minutes; May, 2 hours 5 minutes; June, 2 hours 1 minute; July, 2 hours 29 minutes; August, 2 hours 24 minutes; September, 1 hour 46 minutes; October, 2 hours 25 minutes; November, 2 hours 36 minutes; December, 2 hours 13 minutes; January, 1 hour 34 minutes; February, 1 hour 45 minutes; March, 2 hours 41 minutes.

On 3-5-61 he received a Uniform Promotion to \$11,415 per annum in GS-13.

On 3-31-61 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He was well liked by those with whom he came in contact. He had been assigned cases involving Communist Front Investigations. He had performed his duties in a most efficient manner. He was very enthusiastic and readily assumed responsibility. He used above average judgment. He was capable of handling the more complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 31 minutes; May, 2 hours 41 minutes; June, 1 hour 46 minutes; July, 1 hour 41 minutes; August, 2 hours 49 minutes; September, 1 hour 50 minutes; October, 2 hours 50 minutes; November, 2 hours 46 minutes; December, 2 hours 4 minutes; January, 2 hours 38 minutes; February, 3 hours 37 minutes.

On 3-31-62 SAC Foster rated him EXCELLENT and reported he had been assigned cases involving the investigation of Communist front organizations. He was considered a top-flight investigator. He was very enthusiastic, readily assumed responsibility, used above-average judgment, and was capable of handling the more complicated investigative matters. He presented a fine appearance. He had been alert to obtain names of those individuals who appear to be good potential informants and turned these names over to agents working actively in the Informant program. He assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1962 was 2 hours 14 minutes; April 2 hours 40 minutes; May 2 hours; June 2 hours 22 minutes; July 1 hour 32 minutes; August 2 hours 15 minutes.

On 9-2-62 he received a Uniform Promotion to \$11,675 per annum in Grade GS-13.

His daily average overtime for September, 1962 was 1 hour 59 minutes.

On 10-14-62 he received a Basic Salary Increase to \$12,610 per annum in Grade GS-13.

His daily average overtime for October, 1962 was 2 hours 12 minutes; November 2 hours 9 minutes; December 2 hours 21 minutes. January, 1963 was 2 hours 3 minutes; February 2 hours 7 minutes.

He attended Advanced Security In-Service from 3-4-63 to 3-7-63 and again from 3-22-63 to 3-29-63.

On 3-8-63 the Director's note expressing sympathy was sent upon the passing of his Sister, Mrs. Victoria Eanni, who died suddenly.

On 3-31-63 Assistant Director in Charge Malone rated him EXCELLENT and reported he had been assigned cases involving investigation of Communist front organizations. He had shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in handling his assignments.

He was very enthusiastic and hard working, and was the type of Agent who constantly applied himself to the best of his ability in any given situation. He readily accepted responsibility and discharged such with no supervision required. He was capable of handling the most complicated investigative matters and produced excellent results. The quality and quantity of his work had always been very high. He assisted another Agent in connection with the development of a Informant and had turned over several names to agents working full time on the Informant Program. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1963 was 2 hours 6 minutes; April 2 hours 11 minutes; May 2 hours 5 minutes; June 2 hours 36 minutes; July 2 hours 7 minutes; August 2 hours 10 minutes; September 2 hours 15 minutes.

On 10-16-63 he was COMMENDED, THROUGH ASSISTANT DIRECTOR IN CHARGE MALONE, along with the agents in the New York Division who contributed so effectively to the contacts of several highly confidential sources of information in the security field. (RE: Communist Party, USA, Internal Security - C.)

His daily average overtime for October, 1963 was 2 hours 21 minutes; November 2 hours 8 minutes; December 2 hours 30 minutes.

On 1-5-64 he received a Basic Salary Increase to \$13,265 per annum in Grade GS-13.

His daily average overtime for January, 1964 was 2 hours 5 minutes; February 2 hours 28 minutes.

On 3-31-64 Assistant Director in Charge Malone rated him EXCELLENT and reported he had continued to be assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He had shown above-average initiative, resourcefulness, force and aggressiveness in the handling of these assignments and was the type of Agent who constantly gave his very best to his work. He was capable of handling the more complicated investigative matters. He was able to participate in raids and dangerous assignments. He had the type of cases which present almost an unsurmountable problem in developing informants. He had interviewed and assisted in interviews of numerous individuals for the purpose of developing informants, but this had met with negative results. He was very alert to the need for informants. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1964 was 2 hours 8 minutes; April 2 hours 8 minutes; May 2 hours 21 minutes; June 2 hours 1 minute.

On 7-5-64 he received a Basic Salary Increase to \$13,755 per annum in Grade GS-13.

His daily average overtime for July, 1964 was 2 hours 22 minutes.

On 8-30-64 he received a Within-Grade Increase to \$14,175 per annum in Grade GS-13.

His daily average overtime for August, 1964 was 2 hours 30 minutes; September, 2 hours 13 minutes; October, 2 hours 5 minutes; November, 2 hours 6 minutes; December, 2 hours 13 minutes; January, 1965, 2 hours 3 minutes; February, 2 hours 41 minutes.

On 3-31-65 he was rated EXCELLENT with comments that he was assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He was considered to be above average, experienced and he did a superior job on all the cases he investigated. He was above the average in initiative, resourcefulness, force and aggressiveness and he was most loyal and had an outstanding attitude. He was always most cooperative and readily accepted responsibility. He was capable of handling complicated investigative matters and he required a minimum of supervision. He developed a Panel informant and was not interested in administrative advancement.

His daily average overtime for March, 1965 was 2 hours 5 minutes; April, 2 hours 16 minutes; May, 2 hours 11 minutes; June, 2 hours 13 minutes.

By letter dated 7-2-65 he was COMMENDED, through Mr. Malone, along with others who participated so capably in the investigation of the Destruction of Government Property case involving Robert Steele Collier and others.

His daily average overtime for July, 1965 was 2 hours 7 minutes; August, 2 hours 10 minutes; September, 2 hours 5 minutes.

On 10-10-65 he received a Basic Salary Increase to \$14,685 per annum in Grade GS-13.

His daily average overtime for October, 1965 was 2 hours 3 minutes; November, 2 hours 9 minutes; December, 2 hours 24 minutes; January, 1966, 2 hours 10 minutes; February, 2 hours 3 minutes.

On 3-31-66 he was rated EXCELLENT with comments that he handled investigations involving Communist front organizations, especially the Jewish field. He demonstrated himself to be far above the average and showed outstanding initiative, resourcefulness, force and aggressiveness. He was most loyal and had an outstanding attitude and was always cooperative and willing. He was considered to be the type of agent who could handle the

most complicated investigative matter without any supervision and who could always be depended upon to do an outstanding job. He handled one Panel Source during the rating period and continued to be not interested in administrative advancement.

His daily average overtime for March, 1966, 2 hours 13 minutes; April, 2 hours 15 minutes; May, 2 hours 19 minutes; June, 2 hours 3 minutes.

On 7-3-66 he received a Basic Increase to \$15,113 per annum in Grade GS-13.

His daily average overtime for July, 1966, 2 hours 4 minutes.

On 8-28-66 he received a Within-Grade to \$15,561 per annum in Grade GS-13.

His daily average overtime for August, 1966, 2 hours 6 minutes; September, 2 hours 21 minutes; October, 2 hours 17 minutes; November, 2 hours 8 minutes.

By letter dated 12-9-66 he was awarded his 20-Year Service Award Key.

His daily average overtime for December, 1966, 2 hours 9 minutes; January, 1967, 2 hours 2 minutes; February, 2 hours 5 minutes.

On 3-31-67 he was rated EXCELLENT with comments stating he had been assigned cases involving the investigation of Cominfil and Communist front organizations. He could handle the most complicated investigative matter without any supervision and his work was always far above average. He was not interested in administrative advancement.

His daily average overtime for March, 1967, 2 hours 8 minutes; April, 2 hours 17 minutes; May, 2 hours 5 minutes; June, 2 hours 6 minutes; July, 1 hour 42 minutes; August, 2 hours 48 minutes; September, 2 hours 21 minutes.

On 10-8-67 he received a Basic Increase to \$16,207 per annum in Grade GS-13.

His daily average overtime for October, 1967, 2 hours 47 minutes.

By letter dated 11-3-67 he was COMMENDED for the quality of his work pertaining to a recent demonstration in the Washington, D. C., area.

His daily average overtime for November, 2 hours 17 minutes; December, 2 hours 14 minutes; January, 1968, 2 hours 8 minutes; February, 2 hours 44 minutes.

On 3-31-68 he was rated EXCELLENT with comments stating he had been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving the Jewish field. He had consistently proven that he could handle the most complicated investigative matters without any supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1968, 2 hours 11 minutes; April, 2 hours 46 minutes; May, 2 hours 5 minutes; June, 2 hours 4 minutes.

On 7-14-68 he received a Basic Increase to \$17,289 per annum in Grade GS-13.

His daily average overtime for July, 1968, 2' 49"; August, 2' 5"; September, 2' 43"; October, 2' 9"; November, 2' 7".

He attended In-Service training in Advanced Security - Communist Matters from 11/25/68 to 12/6/68.

His daily average overtime for December, 1968, 2' 39"; January, 1969, 2' 20"; February, 2' 36".

On 3/31/69 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably did a superior job. He had consistently proven he could handle the most complicated investigative matters with a bare minimum of supervision. He was a dependable, conscientious person. He voluntarily participated in extra duty assignments. He was not interested in administrative advancement.

His daily average overtime for March, 1969, 2' 48"; April, 2' 8"; May, 2' 43"; June, 2' 13".

On 7/13/69 he received a Basic Increase to \$18,974 per annum in GS-13.

His daily average overtime for July, 1969, 2' 9".

On 8/24/69 he received a Within Grade Increase to \$19,501 per annum in GS-13.

His daily average overtime for August, 1969, 2' 47"; September, 2' 11"; October, 2' 11"; November, 2' 48".

On 12/28/69 he received a Basic Increase to \$20,673 per annum in GS-13.

His daily average overtime for December, 1969, 2' 28"; January, 1970, 2' 18"; February, 2' 46".

On 3/31/70 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance and was most cooperative. He was not interested in administrative advancement.

His daily average overtime for March, 1970, 2' 5"; April, 2' 4"; May, 2' 29"; June, 2' 5"; July, 2' 5"; August, 2' 27"; September, 2' 30"; October, 2' 30"; November, 2' 3"; December, 2' 28".

On 1/10/71 he received a Basic Increase to \$21,905 per annum in GS-13.

His daily average overtime for January, 1971, 2' 6"; February, 2' 26".

On 3/31/71 he was rated EXCELLENT and comments reflected that he was a dependable conscientious Agent, who carefully supervised his own work and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance, and was most cooperative. He was not interested in administrative advancement.

His daily average overtime for March, 1971, 2' 7"; April, 2' 28"; May, 2' 5"; June, 2' 8"; July, 2' 30"; August, 2' 17"; September, 2' 30"; October, 2' 13".

(J) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(Please type or print)

Name (As it appears on Bureau rolls) NICHOLAS J. PURCHIA			Date 7-28-60
Check one: SA <input checked="" type="checkbox"/> SAA <input type="checkbox"/>	Date of Birth 8-28-13		EOD 12-9-46

Education

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College FORDHAM COLLEGE	NEW YORK	1930	1934	BS Major POLITICAL SCIENCE Minor PHILOSOPHY
Graduate School FORDHAM UNIVERSITY LAW SCHOOL	NEW YORK	1935	1938	LL.B. Major LAW Minor -
Miscellaneous or Special Schools (Include Vocational and Radio Schools)				

List all college courses studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours
CHEMISTRY	6						
PHYSICS	6						

BARS: Federal _____ Year _____ State **NEW YORK** Year **1939** CPA (State) _____ Year _____

Other _____

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate
NONE					

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken	
						Yes	No

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
NOT RECORDED 10 AUG 23 1960			

[Handwritten signature]

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
LEGAL - CLERK AND MANAGING ATTORNEY	GOOD	2 YRS

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience
NONE				

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

Foreign Travel

List all foreign countries you have traveled in; in what capacity, and period there.

ITALY AND FRANCE - 1927, 1933, 1937 - VACATIONS - APPROXIMATELY 3 MONTHS EACH TIME
 PHILIPPINE ISLANDS - WORLD WAR II - 1945 - 6 MONTHS

Military Training

Active duty: Branch ENGINEERS ADJUTANT GENERAL'S DEPT Dates of Service 3-21-41 - 5-46 Rank CAPTAIN
 Specialized Military Training _____

Are you interested in Foreign Assignment? ☐ Yes ☒ No Location desired _____
 Typing ability _____ W.P.M. Have you passed Bureau test? ☐ Yes ☐ No
 Shorthand ability _____ W.P.M. Have you passed Bureau test? ☐ Yes ☐ No
 Name of Shorthand system you use _____

Practical Experience in Radio

(State degree of proficiency and length of time spent)

Amateur Radio _____ Licenses Held _____
 Commercial Radio Operator _____
 Radio, Television or Sound Repairman or Technician _____
 Experimenter or other _____
 International Morse Code: Transmit _____ W.P.M. Receive _____ W.P.M.
 Technical Knowledge of any Electronic Devices _____

Miscellaneous

List any other information, qualifications and accomplishments. _____



**DOCUMENT (S) CANNOT
BE SCANNED**

DESCRIPTION:

PHOTO NEGATIVES

Nicholas J. Purchia
9-72





NICHOLAS J.
PURCHIA

JUL 1954

JUL 1954

252

N. J. PURCHIA

Nicholas J.

252

JUL 1954

NICHOLAS J.

PURCHIA

JUL 1 1954



473

NICHOLAS J. PURCHIA

7-1-61

NICHOLAS J.

PURCHIA

6/64

5-22



572



Nicholas
J.
Purchia

SEP

SEP

756

59

1949

SEP

PURCHIA, NICHOLAS J.

007A

PURCHIA, NICHOLAS J.

AUG

1967

201

1078

NICHOLAS ↓

PURCHIA

7-1-58 #76

NICHOLAS J. PURCHIA-1484

b6
b7C

NOT RECORDED

I CERTIFY THAT THE ABOVE 102 CREDENTIAL HAVE BEEN DESTROYED BY
FILE

ON 12-23-75.

3/

J. Moquin *SM*

Patient's Name

Grade

Date

Case or Service No.

Organization

PURCHIN, VICTOR L
FBI C32747

FEB 3 1966

NEGATIVE

3 Feb 67 Neg

23 Jan 1968 Neg

19 Dec 68 Neg

25 Oct 69 Neg

18 NOV 1970

WESTERN WORKING BUREAU

70

71

67-NOT RECORDED
118J 3 1978

**DOCUMENT(S)
CANNOT
BE SCANNED**
DOC LAB

DESCRIPTION:

Negatives

Personnel File of

Personnel File No

PURCHIA NICHOLAS



3/10

67

4 DEC 1 1975
4 DEC 1 1975

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES 1957 <input type="checkbox"/> NO	
CLINICAL IMPRESSION ROUTINE				MEDICATION				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 44	SEX M	RACE W	HEIGHT 5'8	WEIGHT 167	B. P.	SIGNATURE OF WARD PHYSICIAN T LA BARBERA MD			DATE 11 JULY 58
RHYTHM						AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

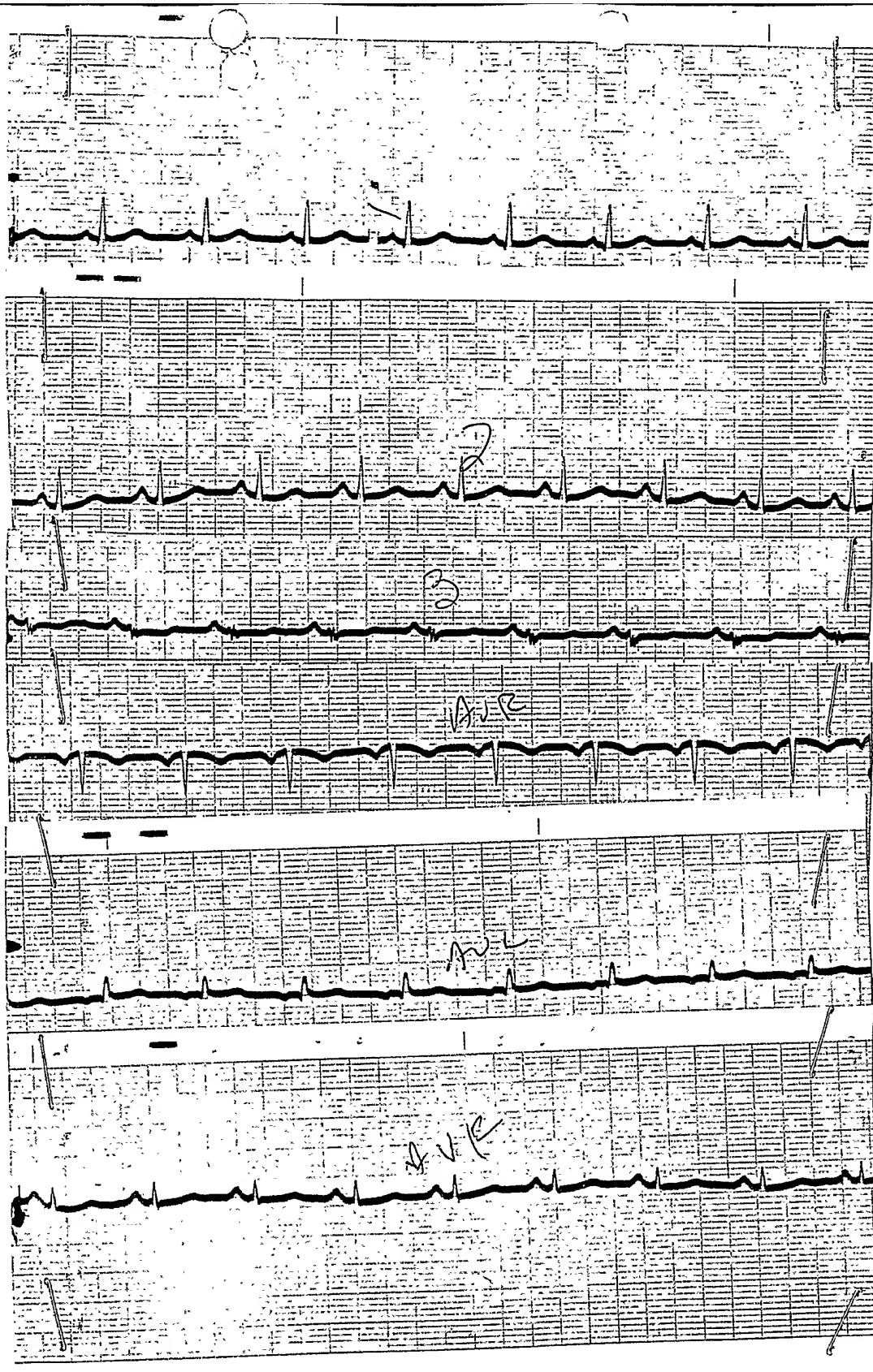
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NORMAL SINUS RHYTHM AND INTRAVENTRICULAR CONDUCTION TIME

NORMAL RECORD

(Continue on reverse)

NO. ECG	A1451 FBI	SIGNATURE M R SCHLEIFER MD	TITLE	DATE 14 JULY 58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.	WARD NO.
PURCHIA NICHOLAS J				



Pu Rehin Nicholas J

11 July 1961

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES 1958 <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 46	SEX M	RACE W	HEIGHT 5'8	WEIGHT 163	B. P.	SIGNATURE OF WARD PHYSICIAN V D FRANCIS MD				DATE 25 NOV 59	
RHYTHM Regular						AXIS DEVIATION (QRS)		RATES AURIC. 90 VENT. 90			
INTERVALS PR .16 Sec QRS .08 Sec QT						P WAVES Diphasic AVL					
QRS COMPLEXES											
RS-T SEGMENT						T WAVES Low 3, AVL, AVF & V6					
UNIPOLAR EXTREMITY LEADS (Specify)											

One premature auricular contraction

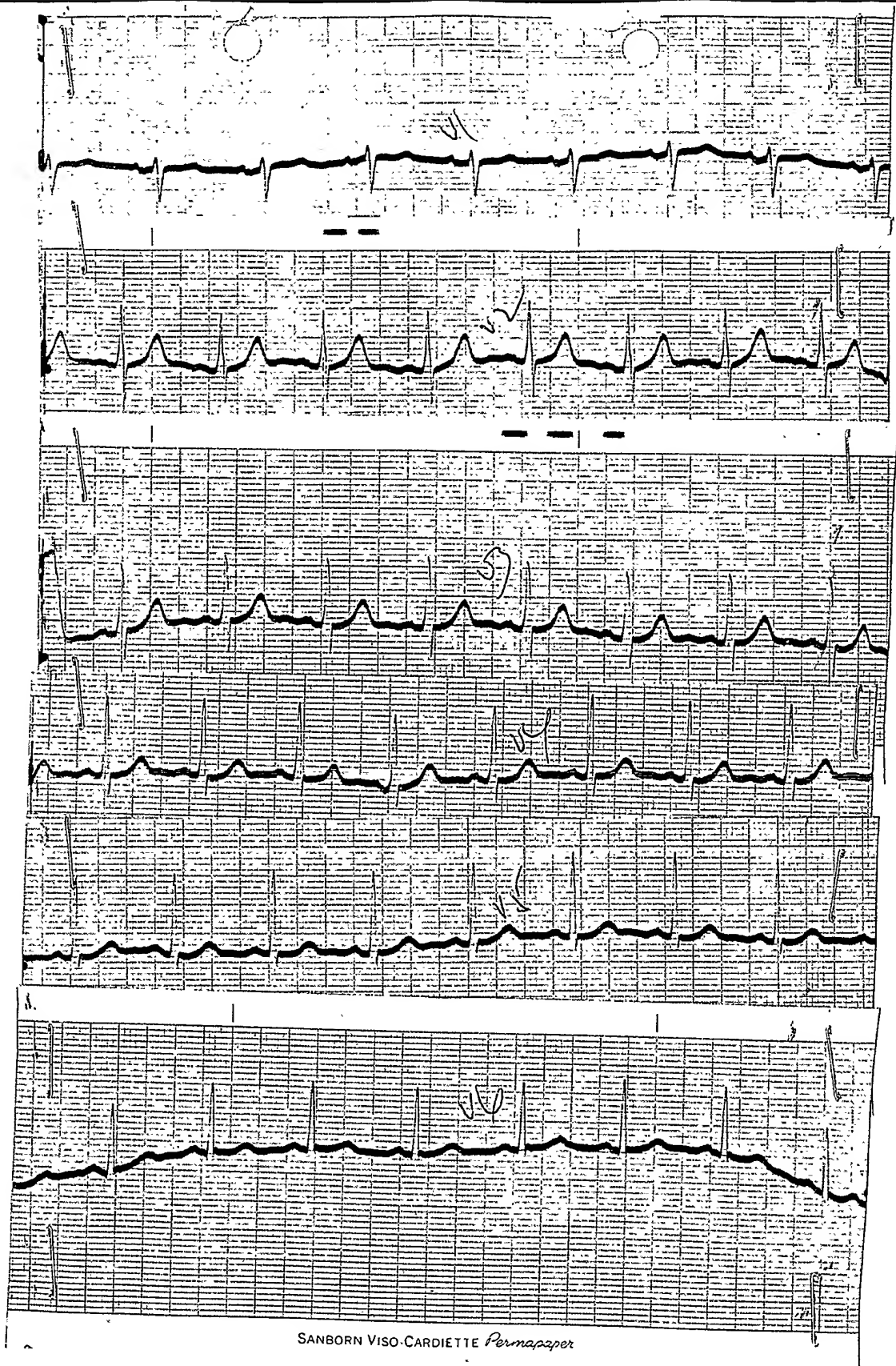
PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

TRACING IS WITHIN NORMAL LIMITS

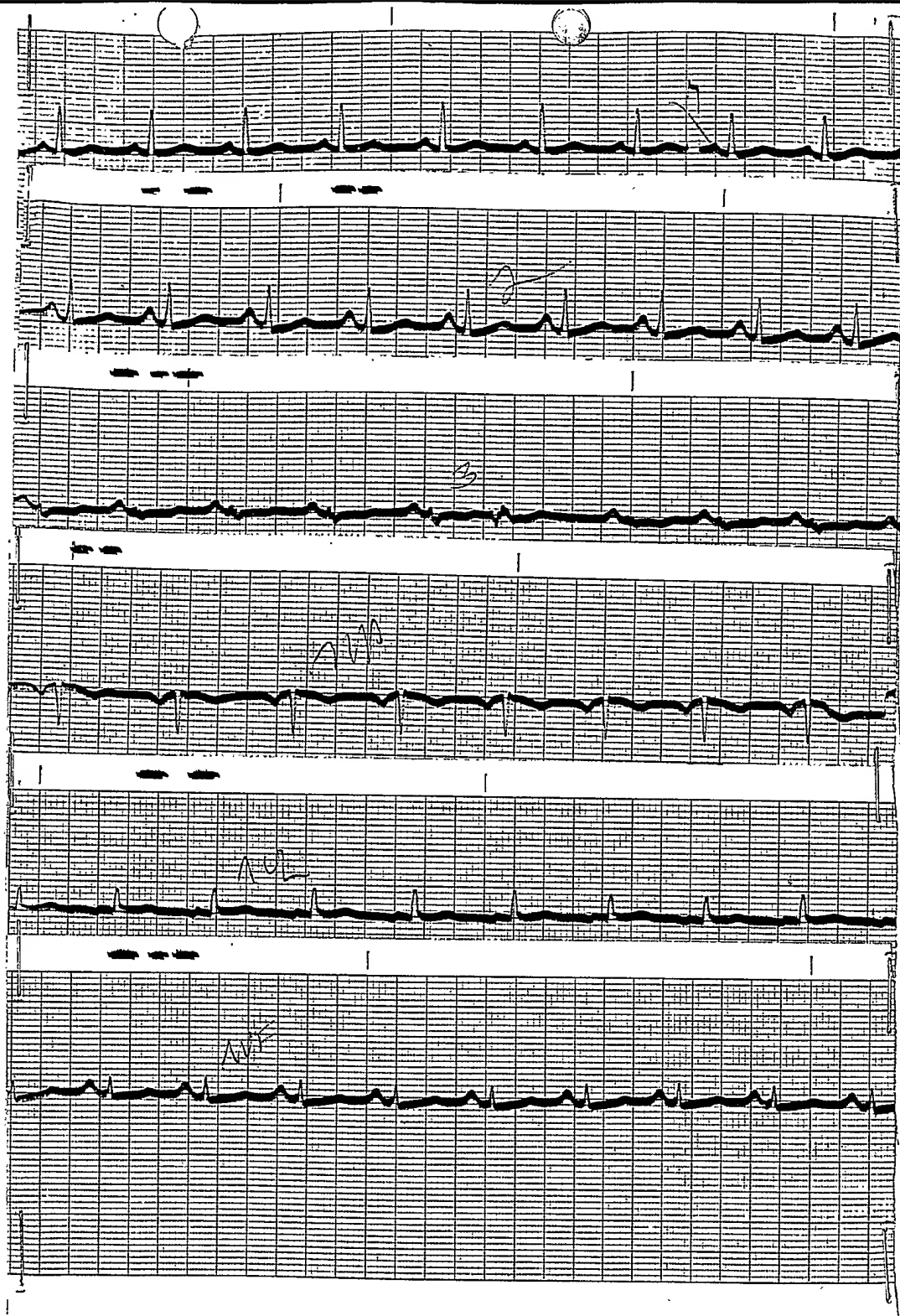
NO. ECG A2863 FBI		SIGNATURE <i>S D Berardinelli</i> S D BERARDINELLI LT COL MC		TITLE		DATE 30 NOV 59	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) PURCHIA NICHOLAS J						REGISTER NO.	
						WARD NO.	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



SANBORN VISO-CARDIETTE Permapaper

Parehia Nicholas J



Porchia Nicholas J.

25 Nov 59

JB F

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
46	M	W	5'8	162	130/80	V D FRANCIS MD			22 June 60
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Sinus								AURIC. 84 VENT. 84	
INTERVALS						P WAVES			
PR 0.16 QRS 0.08 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
						Diphasic 3			
UNIPOLAR EXTREMITY LEADS (Specify)									

Low T - AVL

PRECARDIAL LEADS (Specify)

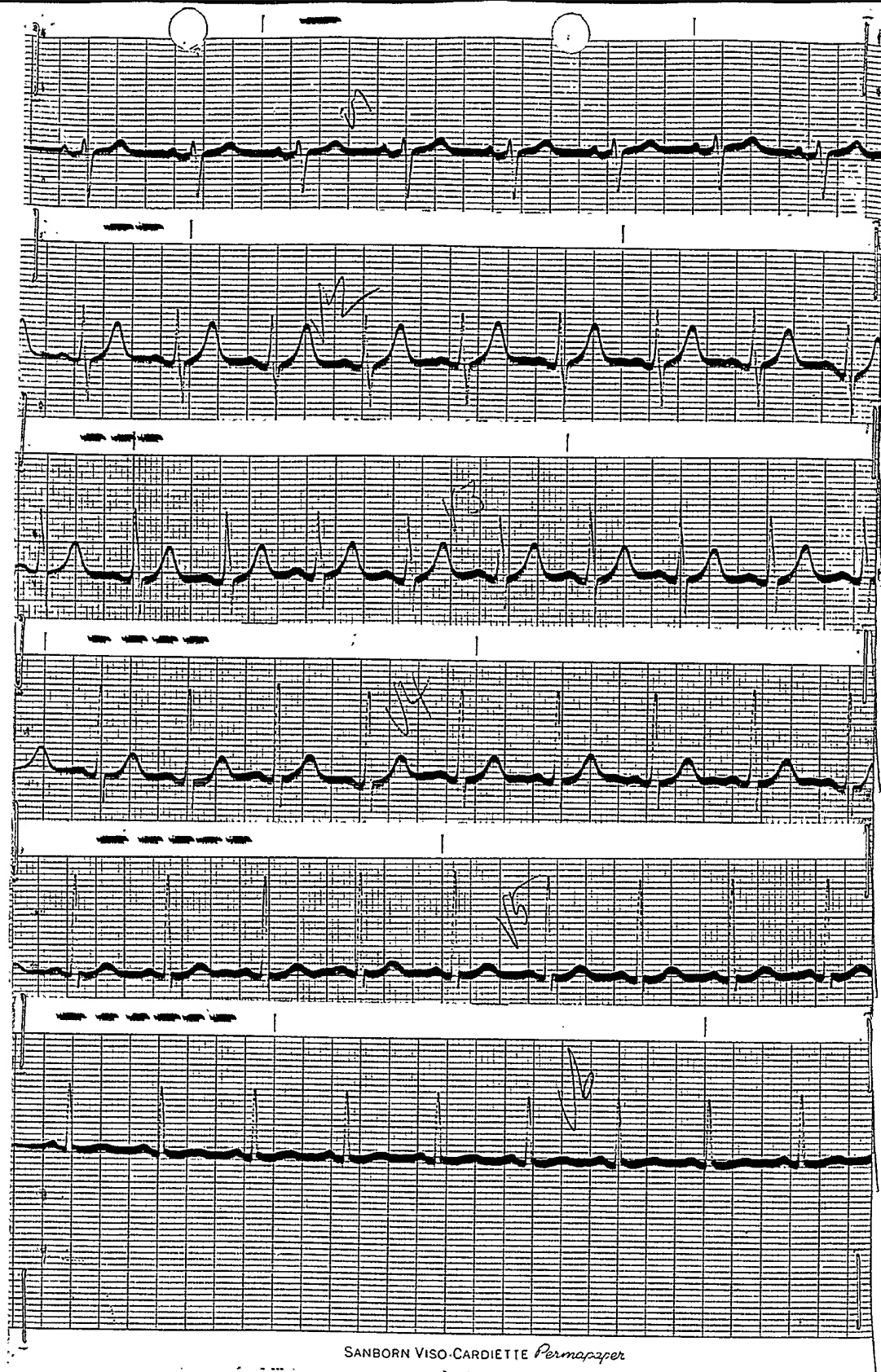
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

NO.		SIGNATURE		TITLE		DATE	
ECG A1278 FBI		S D BERARDINELLI		LT COL MC		23 June 60	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date; hospital or medical facility)						REGISTER NO.	
PURCHIA NICHOLAS J							
						WARD NO.	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

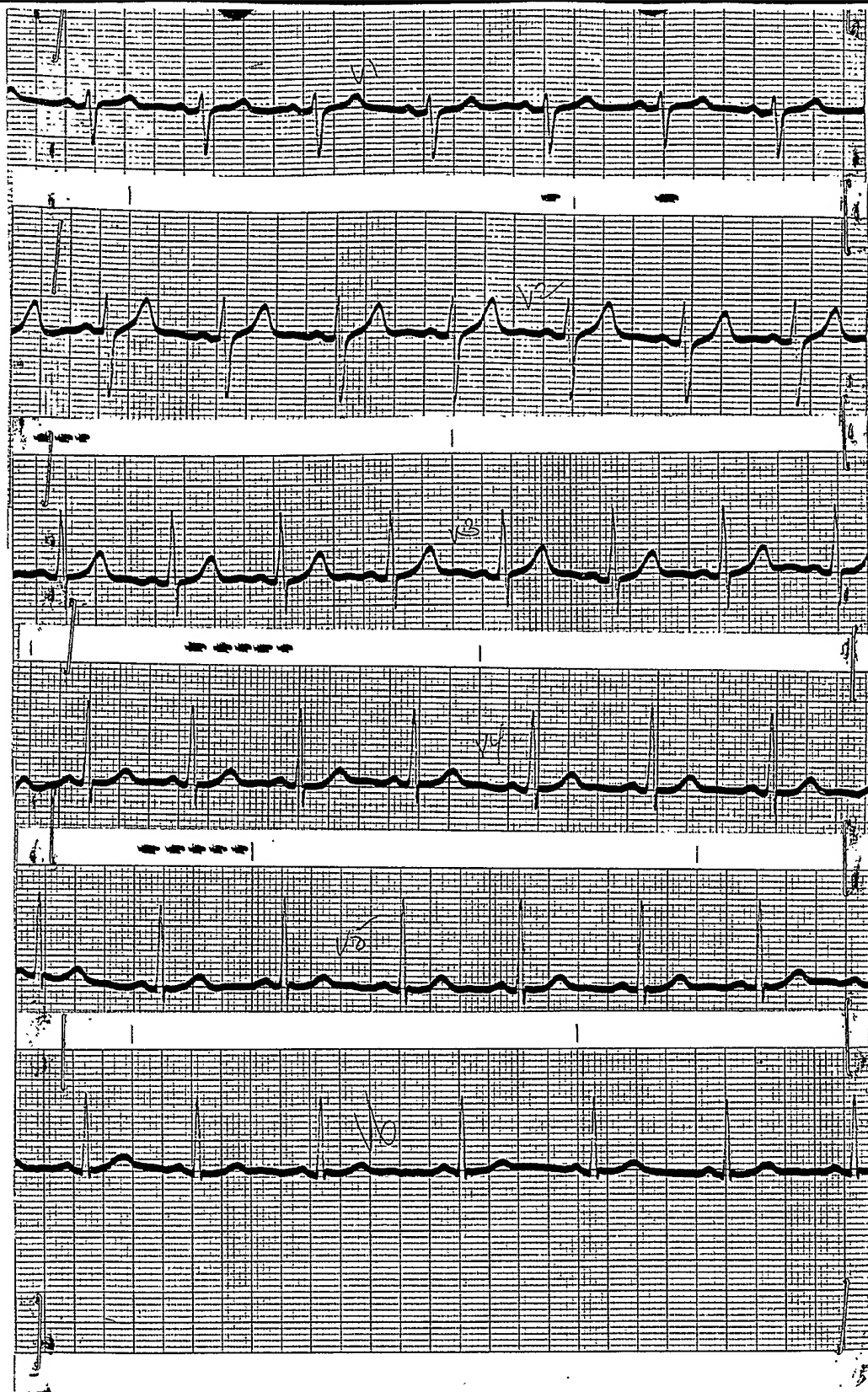
Alt # 2567-23370-72 Date 6/24



SANBORN VISO-CARDIETTE Permapaper

Purchia Urcholas

25 Nov 54



Purchia, Nicholas


CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES 1960 <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
47	M	Cau	5'8"	162		V.D. FRANCIS, M.D.			15 May 61
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC. VENT.	
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NORMAL SINUS RHYTHM AND INTRAVENTRICULAR CONDUCTION TIME

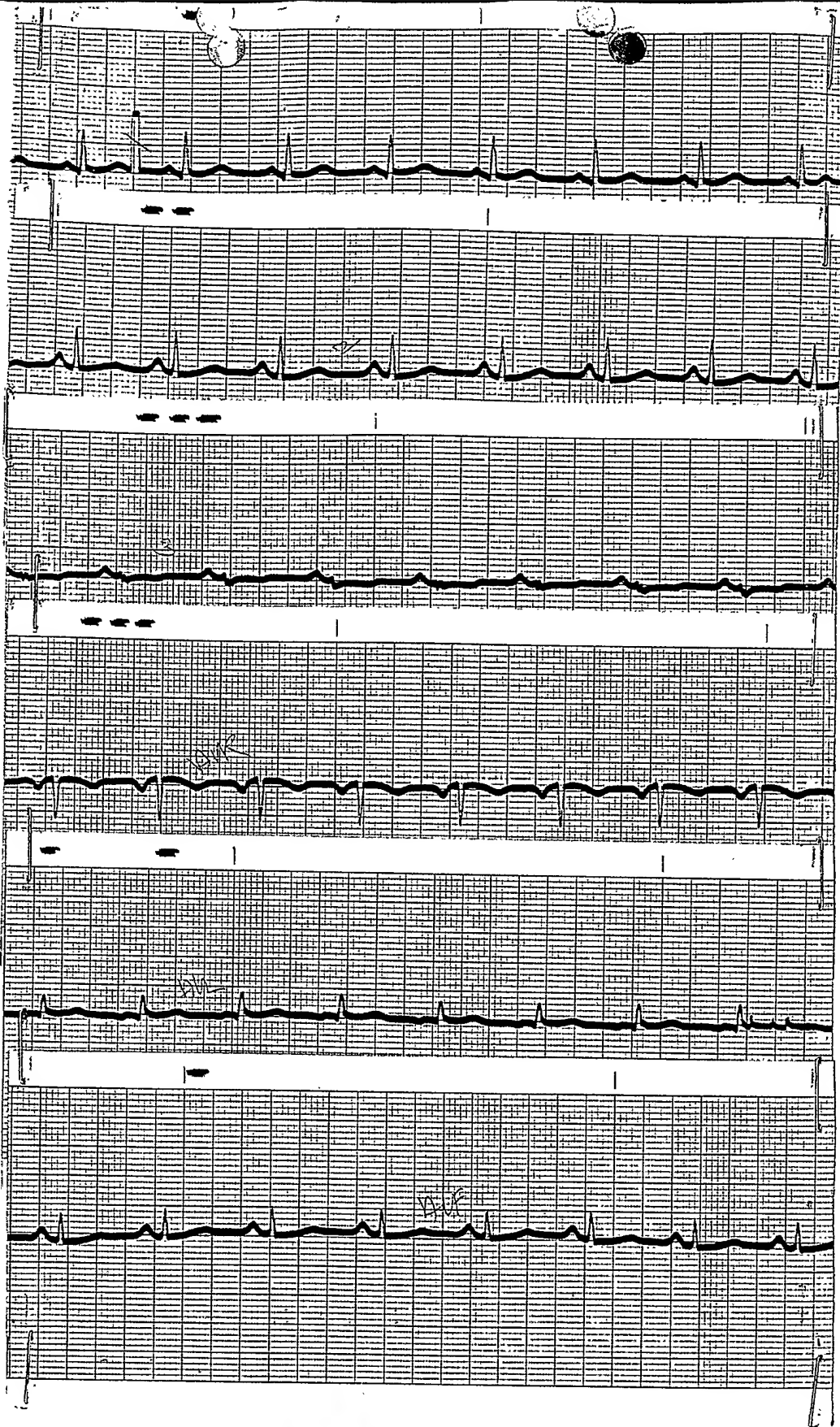
NORMAL RECORD

NO. ECC A1011 FBI				(Continue on reverse)		DATE 16 May 61	
SIGNATURE 				TITLE			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO.	

PURCHIA, Nicholas J. Sp Agt

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-103
(Attach tracings to S. F. 507)

Call #2 to 67-22370 98



Purchia, Nicholas X. 22 June 60



Curcubita Duchesne 15-May 61 -

12/18



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
48	m	CAU							
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS						NEUTRAL		AURIC. 80 VENT. 80	
INTERVALS						P WAVES			
PR						QRS			
QT						QRS COMPLEXES			
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG	V. D. Francis MD		8-23-62
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
PURCHIA, NICHOLAS J.			116
FBI			

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-103

(Attach tracings to S. F. 507)

CLINICAL RECORD

CLINICAL IMPRESSION

AGE SEX RACE HED

RHYTHM

INTERVALS

PR

QRS

QRS COMPLEXES

RS-T SEGMENT

UNIPOLAR EXTREMITY LEAD

PRECORDIAL LEADS (Specify)

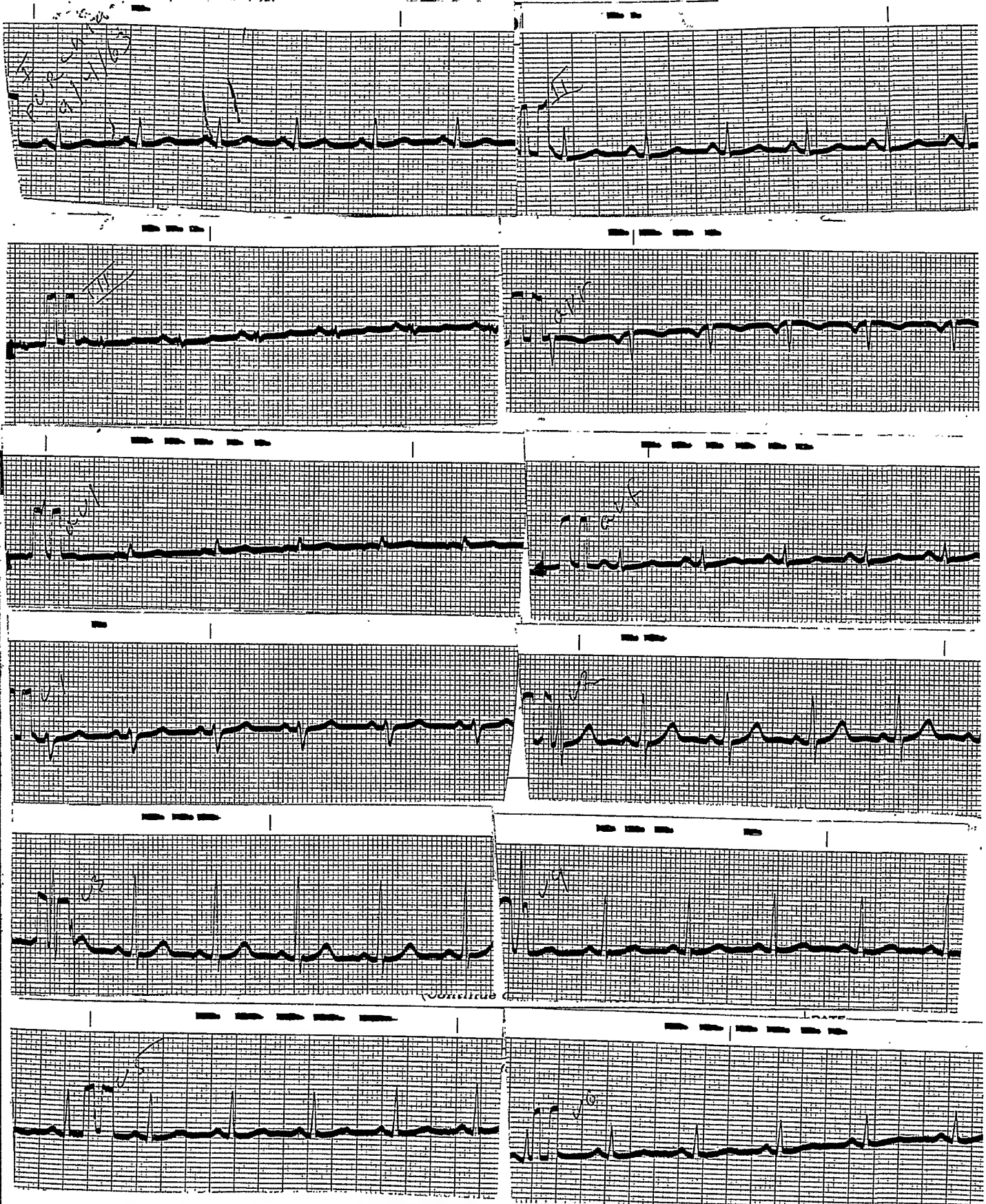
SUMMARY, SERIAL CHANGES.

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT

AGE

SEX

RACE

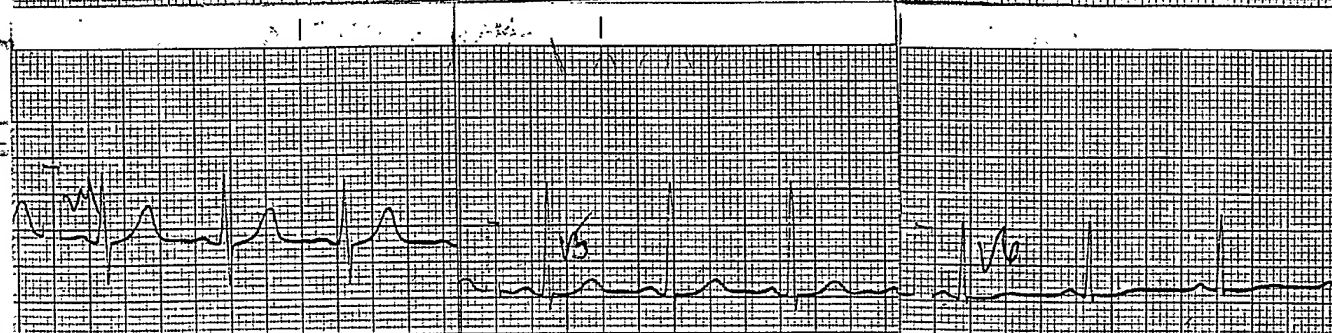
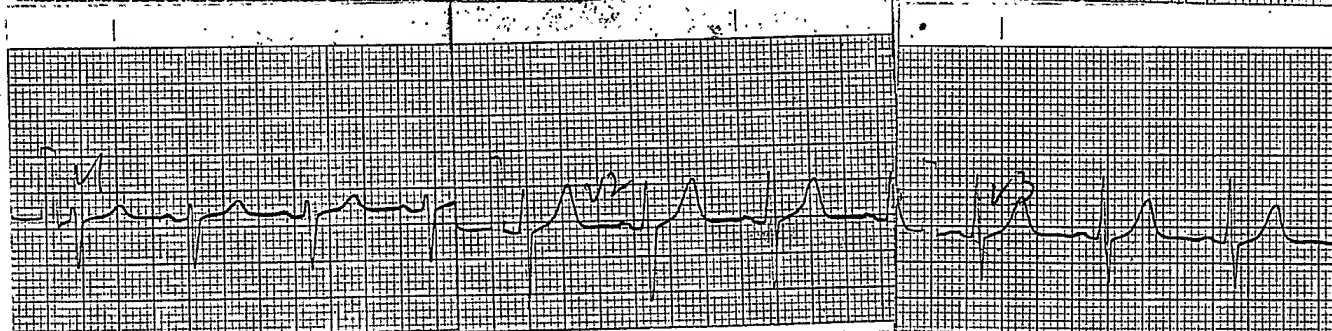
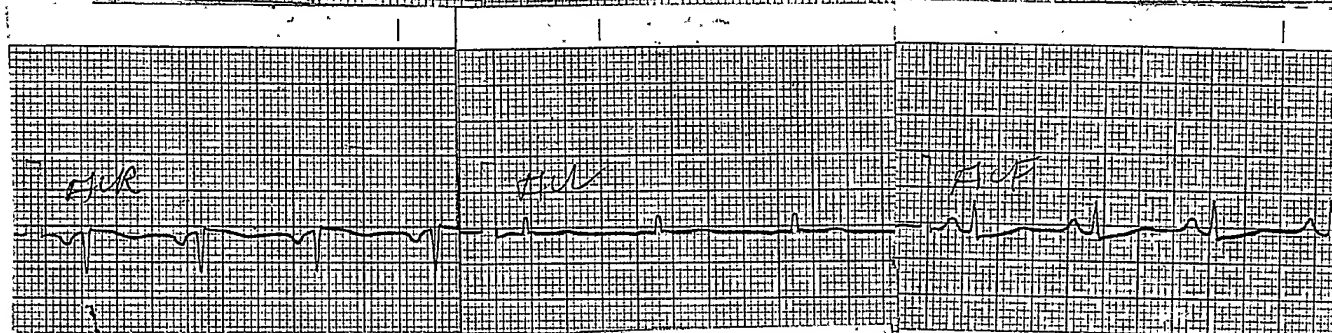
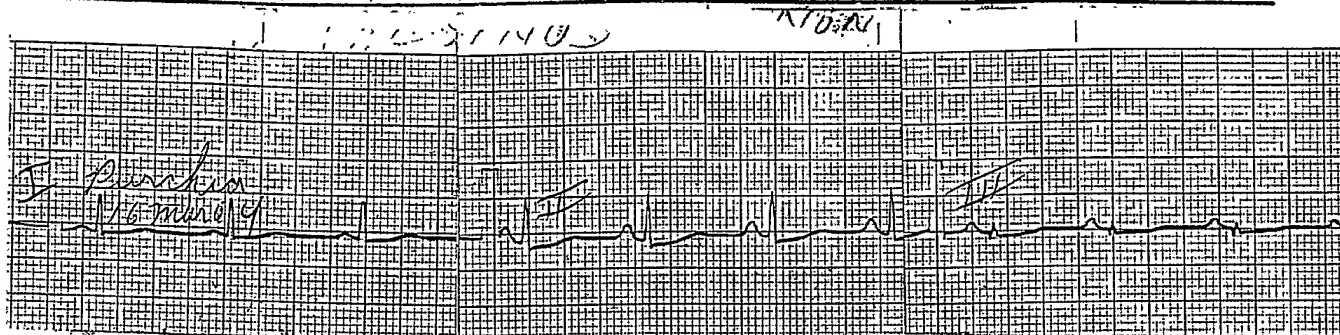
HEIGHT

WEIGHT

B. P.

SIGNATURE OF WARD PHYSICIAN

DATE



(middle, grade, date, hospital or medical facility)

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-103

(Attach tracings to S. F. 507)

MS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

FROM: (Requesting ward, unit, or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

SINUS TACHYCARDIA

WNL

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

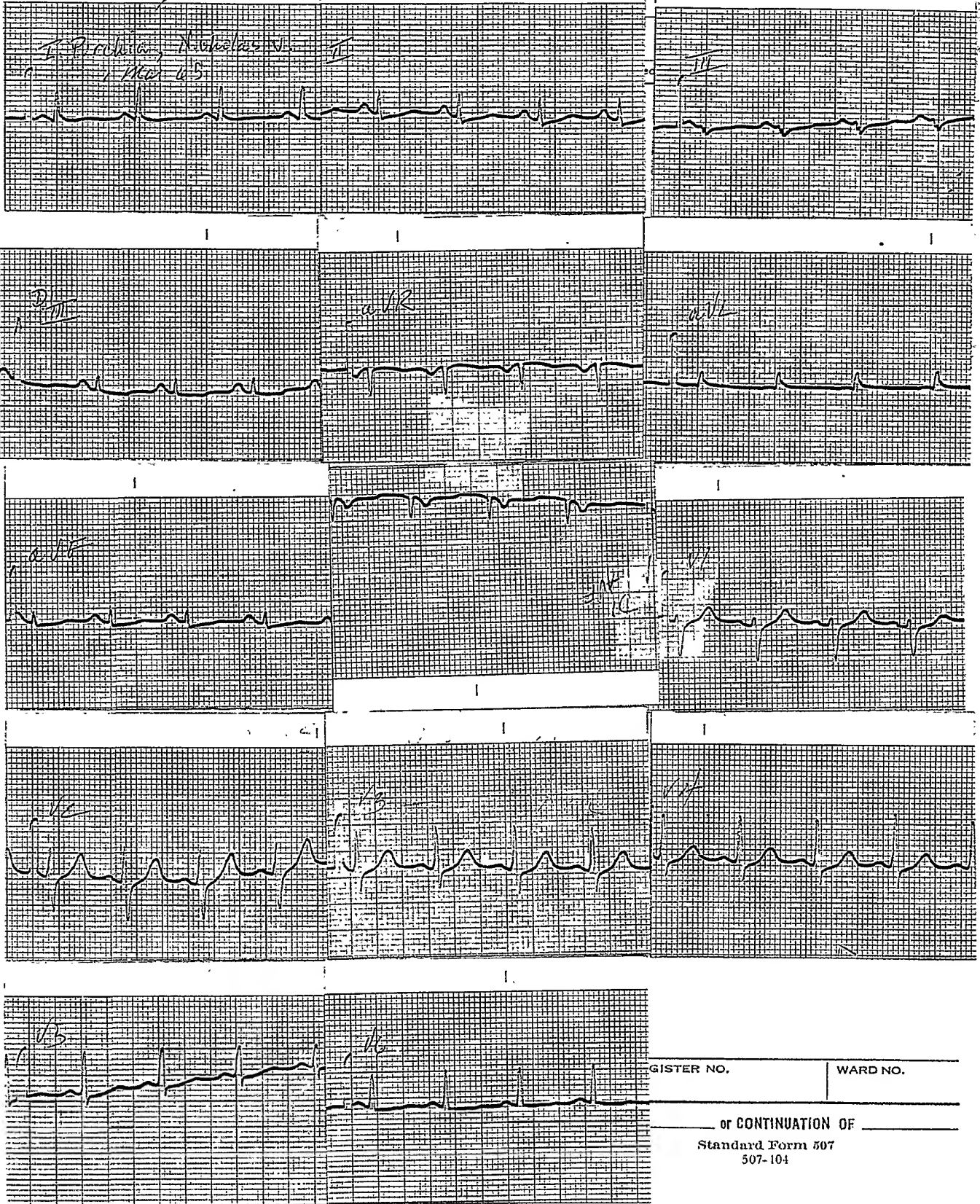
PURCHIA, NICHOLAS J.

FBI

CONSULTATION SHEET
Standard Form 513
513-104

ERG

1 MARCH 1965



GISTER NO.

WARD NO.

or CONTINUATION OF

Standard Form 507
507-104

10/17

CAL RECORD

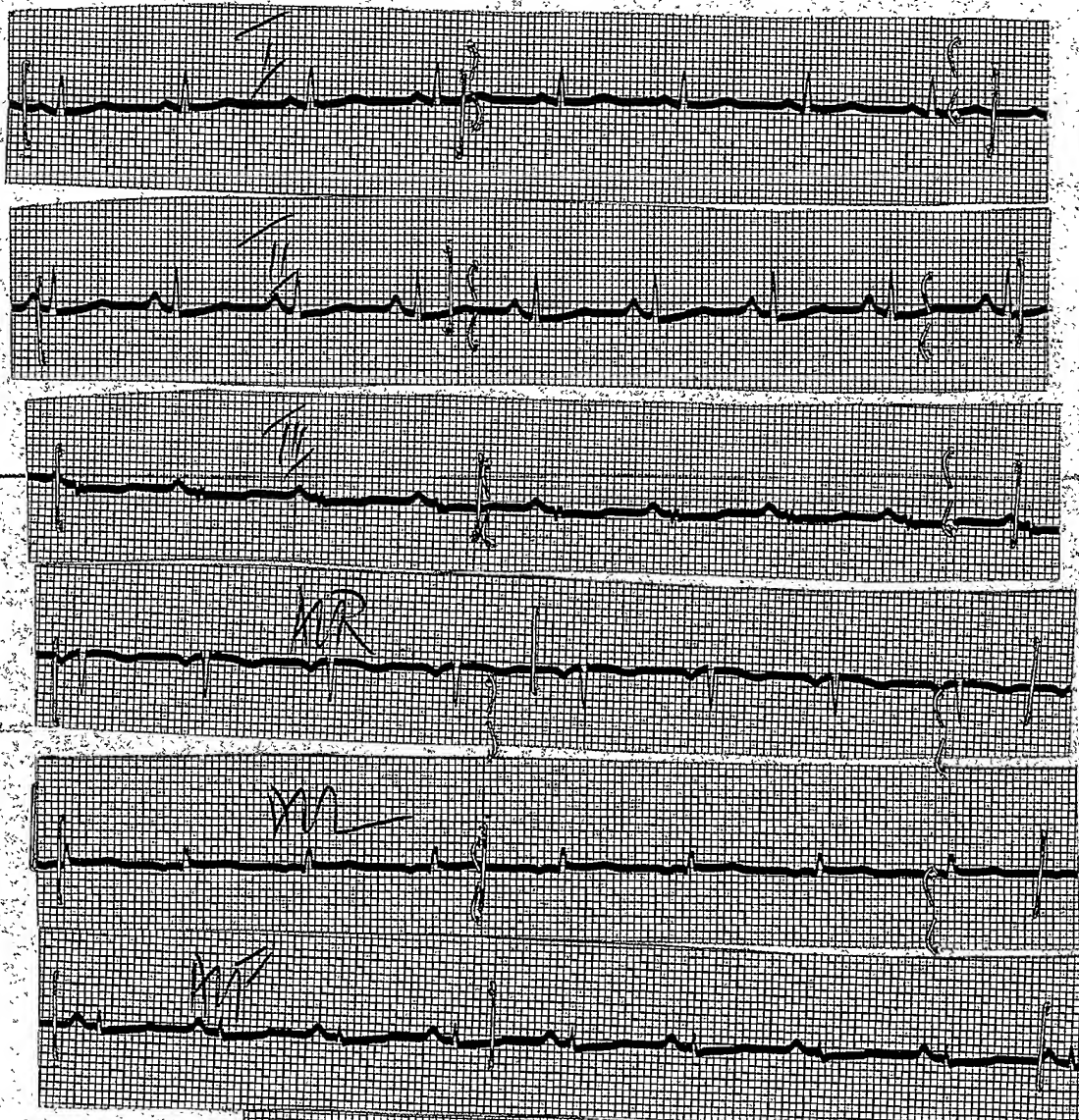
Report on

or

Continuation of S. F.

(Strike out one line) (Specify type of examination or data)

(Sign and date)



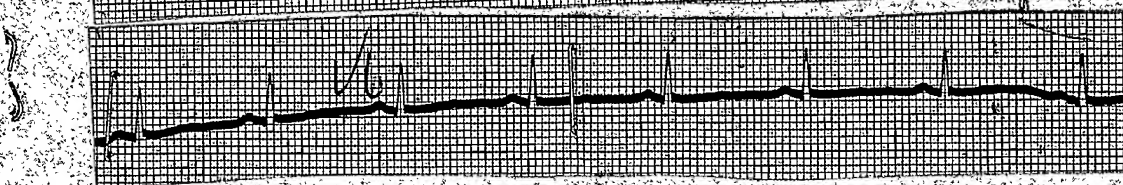
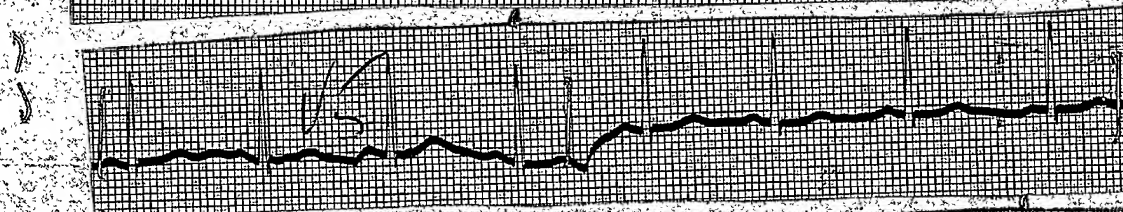
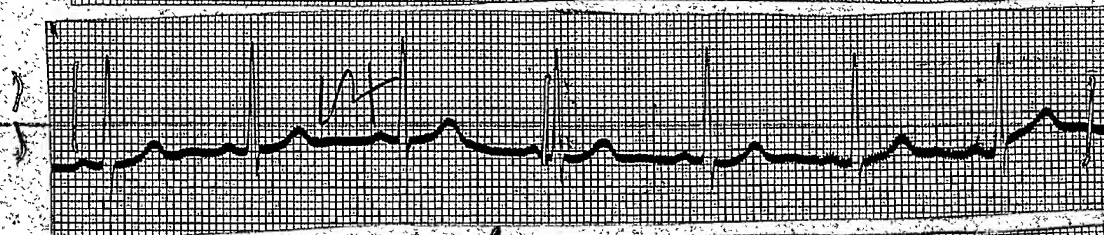
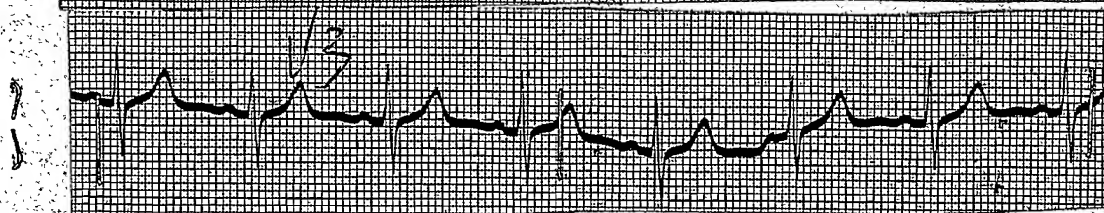
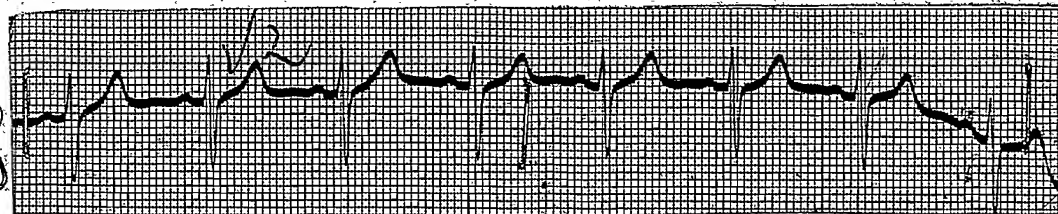
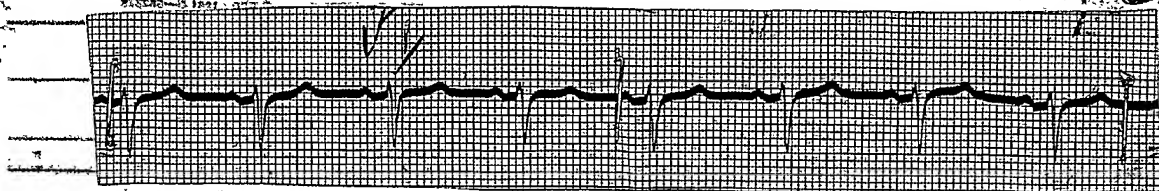
PATIENT'S IDENTIFICATION (For typed or written middle grade)

WARD NO.

Purcha, Nicholas J.

REPORT ON or CONTINUATION OF
Standard Form 507
507-104

US Army Dispensary Ft. Hamilton
Hamilton, Brooklyn 9, N.Y.



CH 25.25

THE UNIVERSITY OF CHICAGO

2000

7

TO: DIRECTOR, FBI

THE CITY OF NEW YORK

“**中国，醒醒吧！**”

100-443887-100

100

62-12,000-0

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☒ AMBULANT

AGE 50 SEX M RACE W HEIGHT 68 WEIGHT 164 B. P. 122/80 SIGNATURE OF WARD PHYSICIAN

DATE 3 Feb 66

RHYTHM

180

AXIS DEVIATION (QRS)

0

RATES

AURIC. 80 VENT. 80

INTERVALS

PR 0.16 QRS 0.05 QT 0.36

P WAVES

Sinus

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

intermed posn.

PRECORDIAL LEADS (Specify)

al

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

tracing WNL

(Continue on reverse)

NO. ECG	SIGNATURE <i>[Signature]</i>	TITLE <i>[Signature]</i>	DATE 2/3/66
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. PE

Purichia Nicholas J.

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
53	M	W	5'8"	168	122/90				31 Jan 67
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NSA						indeterminate		AURIC. 97 VENT. 87	
INTERVALS						P WAVES			
PR 12 QRS 05 QT 34									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
nl						nl			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

PV C1 V4
T wave flattening V6

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Basically w/n/c

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG	<i>[Signature]</i>		6 Feb 67
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
		FBI	PK

26

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

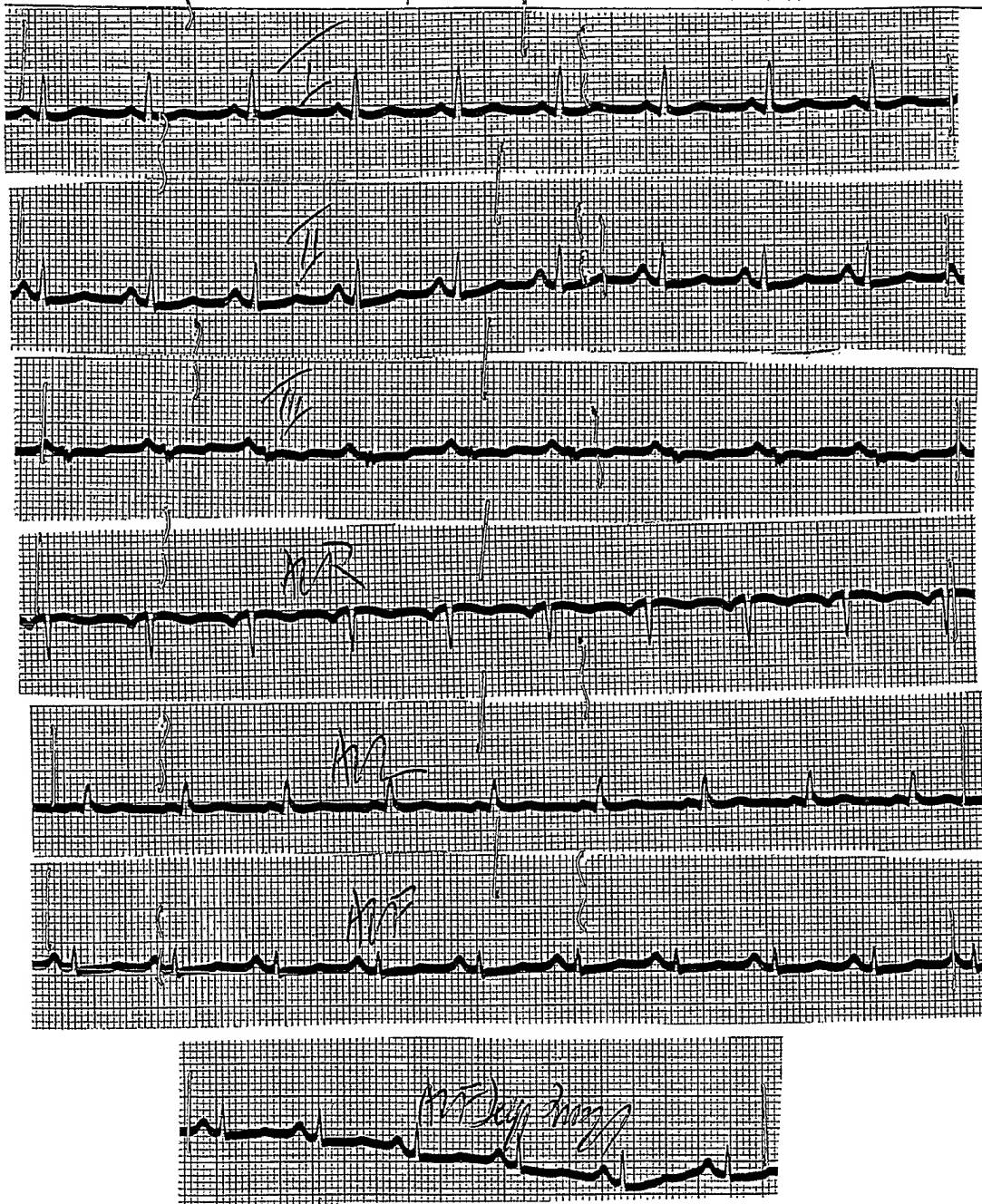
Purchia Nicholas US Army Disp. Ft. Hamilton, NY

[Handwritten initials]

Standard Form 507
(Revised 1-67)
Bureau of the Census
Department of Health, Education and Welfare

C43-16-77979-1 * GPO : 1961 O-507879

Report on _____
or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or data)



PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

FBI

WARD NO.

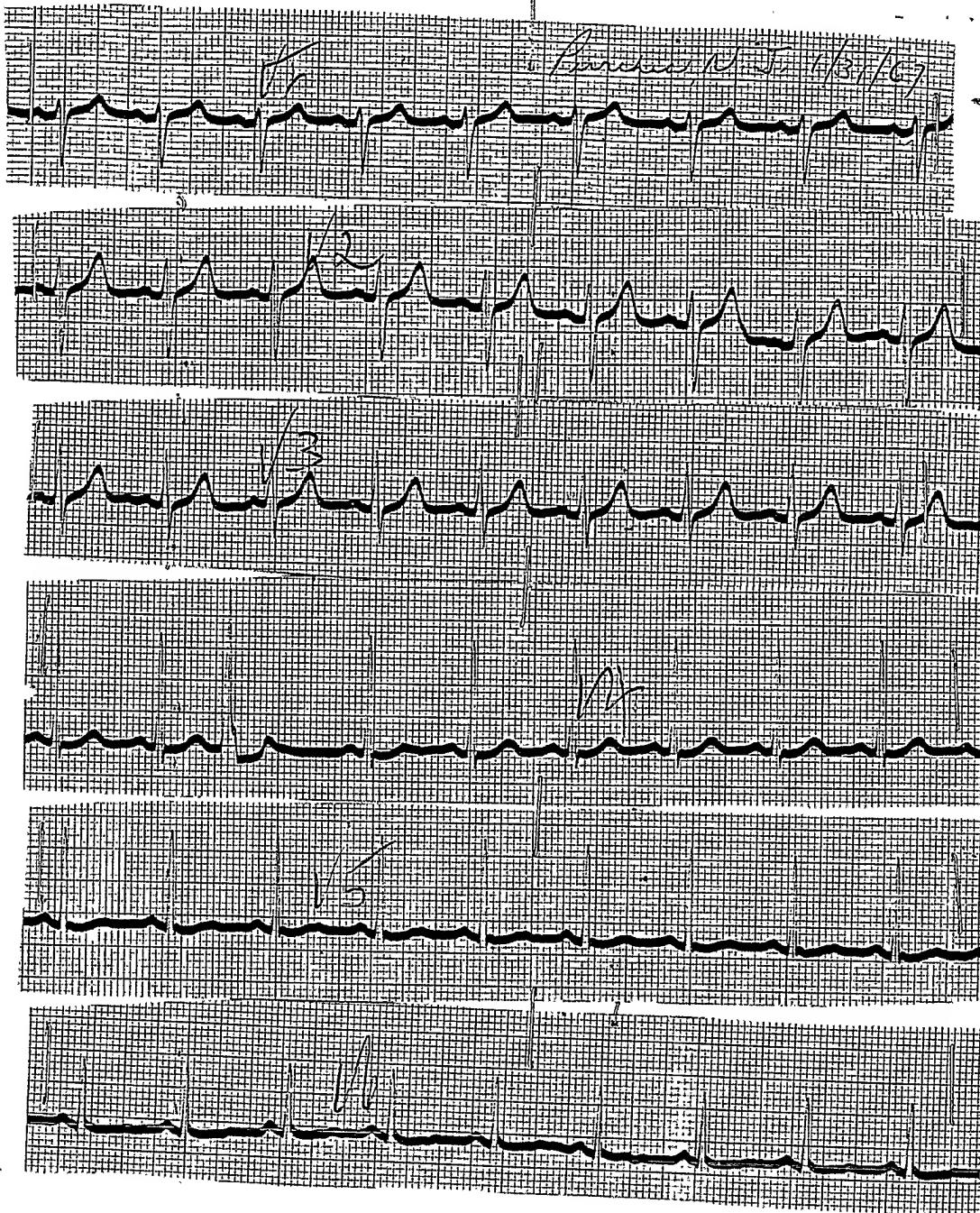
PE

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

1/31/67
PURCHIA, Nicholas J. 6-6-67

US Army Dispensary Ft. Hamilton
Ft. Hamilton, Brooklyn 20 N.Y.



Puechha, Nicholas V

4/31/67
~~6-5-67~~

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
51	M	Can	68	164					23 Jan 68
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal						Left		AURIC. 80 VENT. 80	
INTERVALS						P WAVES			
PR 0.12 QRS 0.08 QT 0.40						N			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
N						in V4-6			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NON-S T-WAVE CHANGES
(NO IN VOLTAGE)

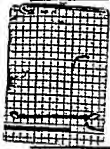
(Continue on reverse)			
NO. ECG	SIGNATURE	TITLE	DATE
	Arduy		
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
PURCHIA, NICHOLAS J		PBI	AB

PBI 1/23/68

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02

(Attach tracings to S. F. 507)

US ARMY DISPENSARY
FT. HAMILTON, BKLYN, N.Y. 11232



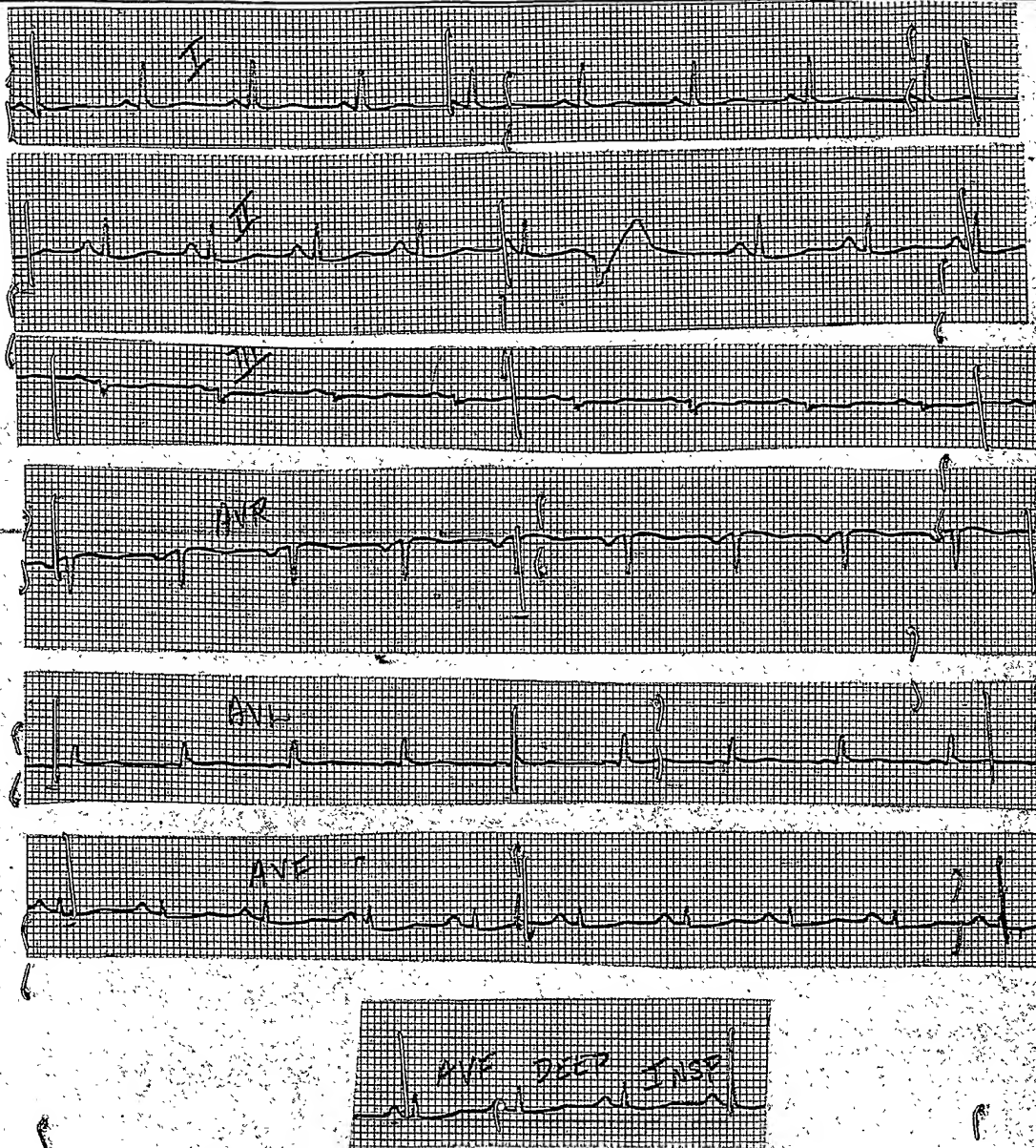
CLINICAL RECORD

Report on _____

or

Continuation of S. F. _____

(Strike out one line). (Specify type of examination or data)



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

FBI

PE

REPORT ON EKG or CONTINUATION OF _____

Standard Form 507
507-104

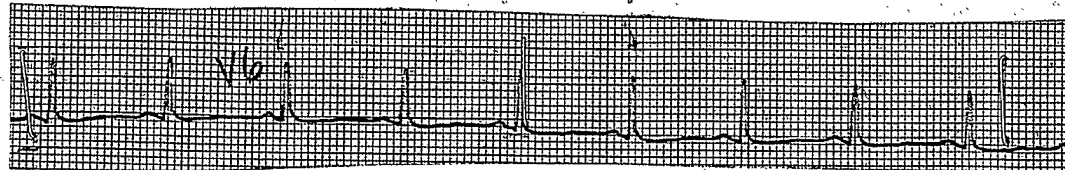
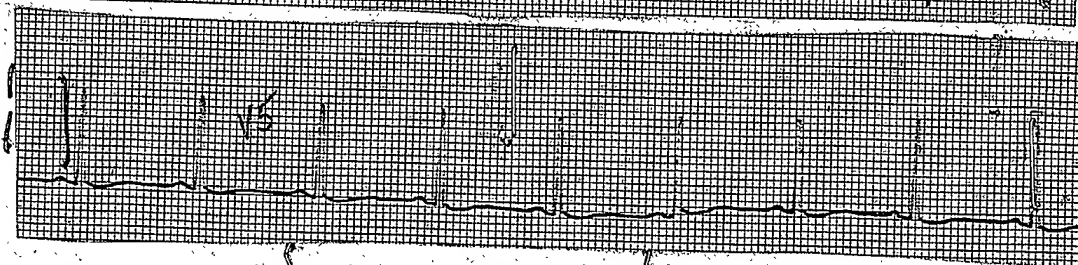
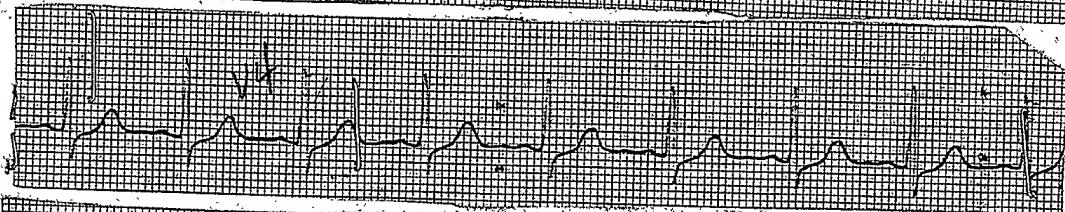
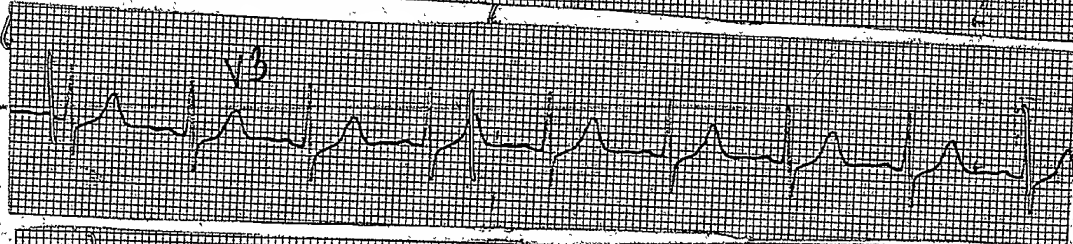
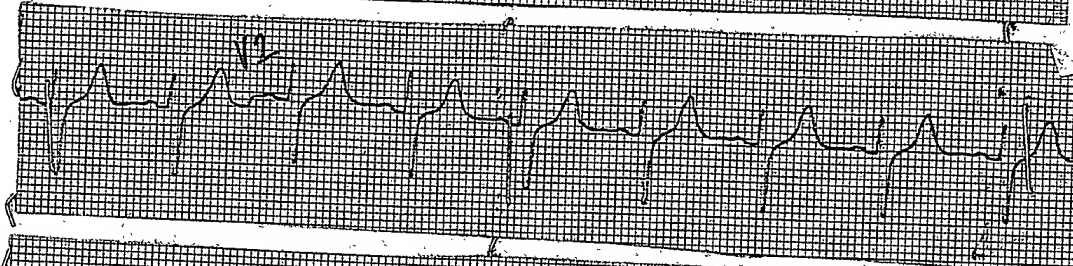
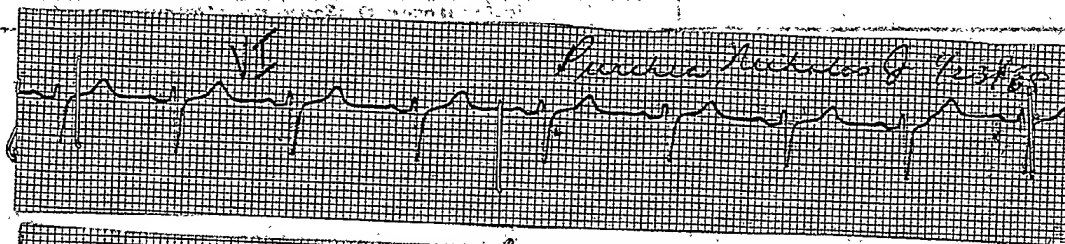
PURCHIA, NICHOLAS J

1/23/68

US ARMY DISPENSARY
FT. HAMILTON, BKLYN, N.Y. 11253

[illegible]

Praderia Nuttallii 9/23/69



Spurckia Nicholas J 1/23/68

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION				MEDICATION				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE 55	SEX M	RACE Can	HEIGHT 68	WEIGHT 166	B.P. 140/90	SIGNATURE OF WARD PHYSICIAN			DATE 19 Dec 68
RHYTHM RBR				AXIS DEVIATION (QRS)		RATES AURIC. 76 VENT.			
INTERVALS PR 16 QRS 06 QT 22				P WAVES					
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

One APC in 2 VF
otherwise WNL

PRECORDIAL LEADS (Specify)

WNL

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

NO.		SIGNATURE		TITLE		DATE	
ECG		[Signature]					
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO.	
PURCHIA, NICHOLAS J				FBI		PE	

FBI

12/19/68

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

[Signature]

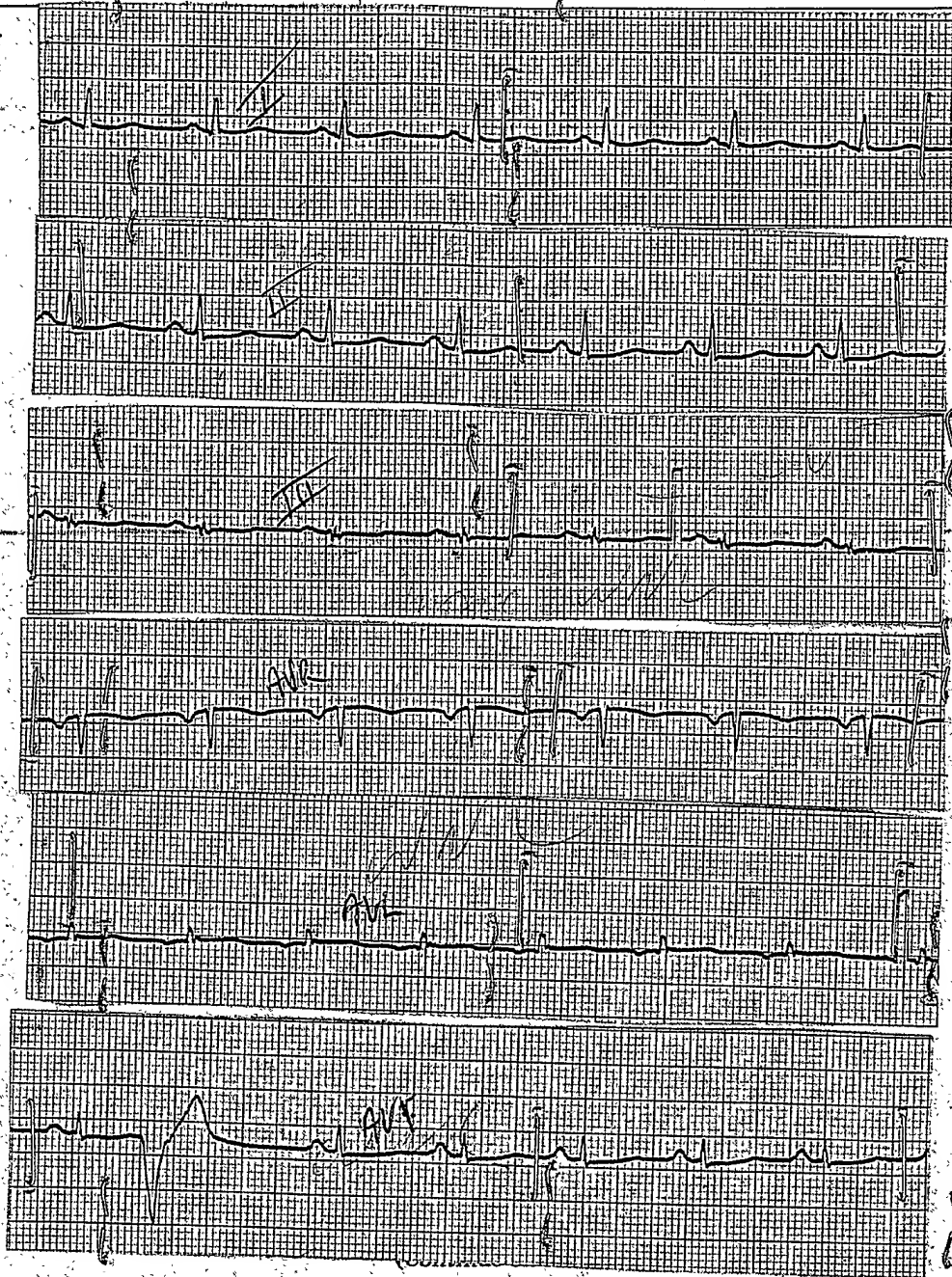
CLINICAL RECORD

Report on _____

or _____

Continuation of S. F. _____

(Strike out one line) (Specify type of examination or data)



PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Purchia, Nicholas S.

FBI

19 DEC '68

REGISTER NO.

FBI

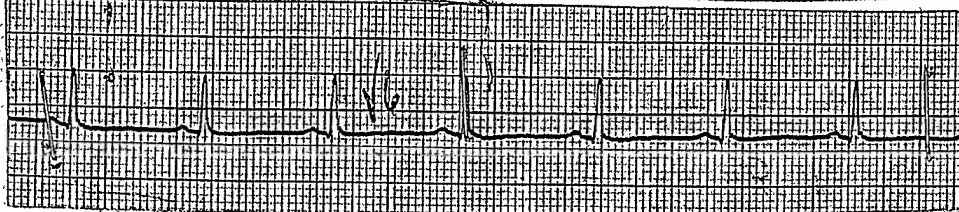
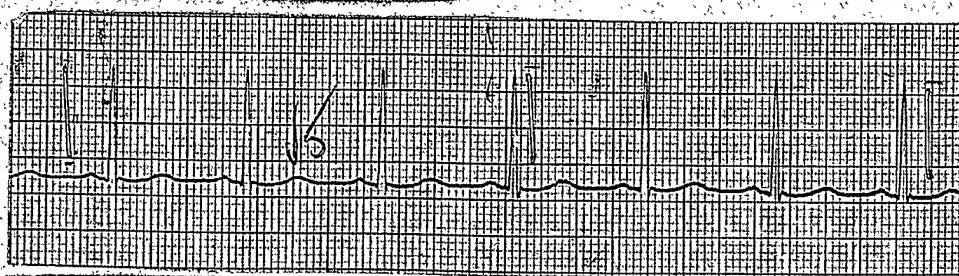
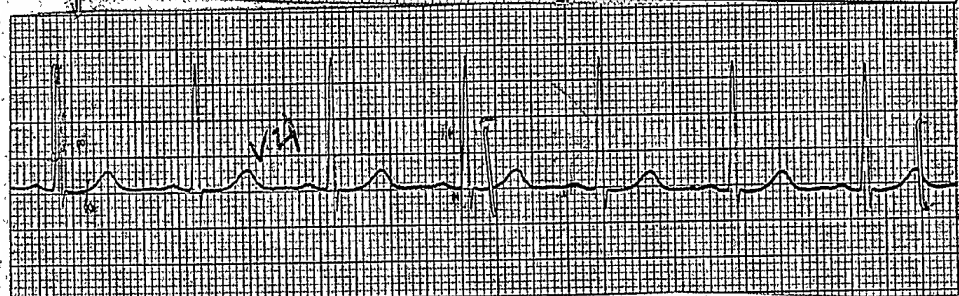
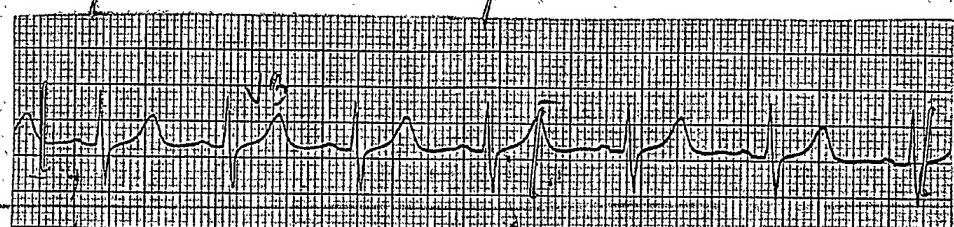
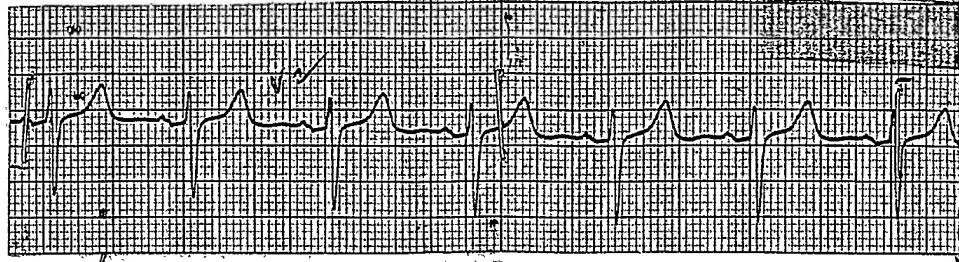
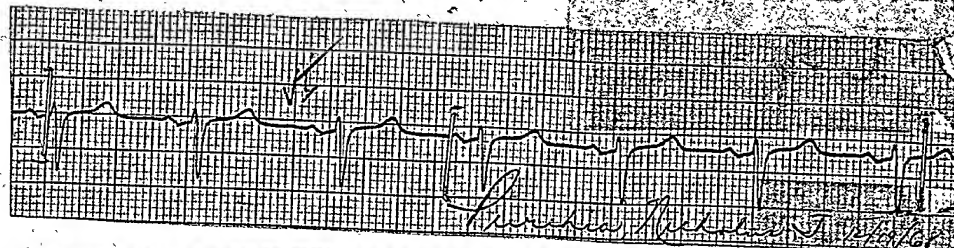
WARD NO.

TE


REPORT ON ERG or CONTINUATION OF _____

Standard Form 507
507-104

US ARMY DISPENSARY
FT. HAMILTON, BKLYN, N.Y. 11252




Parchia, Nicholas J 14 DEC 68

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
56	M	Can							25 Nov 69
RHYTHM									AXIS DEVIATION (QRS)	RATES
ROR.								AURIC.	VENT.
INTERVALS						P WAVES			
PR	12	QRS	28	QT	20				
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NO.	SIGNATURE	TITLE	DATE
ECG			

(Continue on reverse)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
PURCHIA, NICHOLAS J.	FBI	1E

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

US Army Disp - Ft. Hamilton, NY

11/25/69

FBI

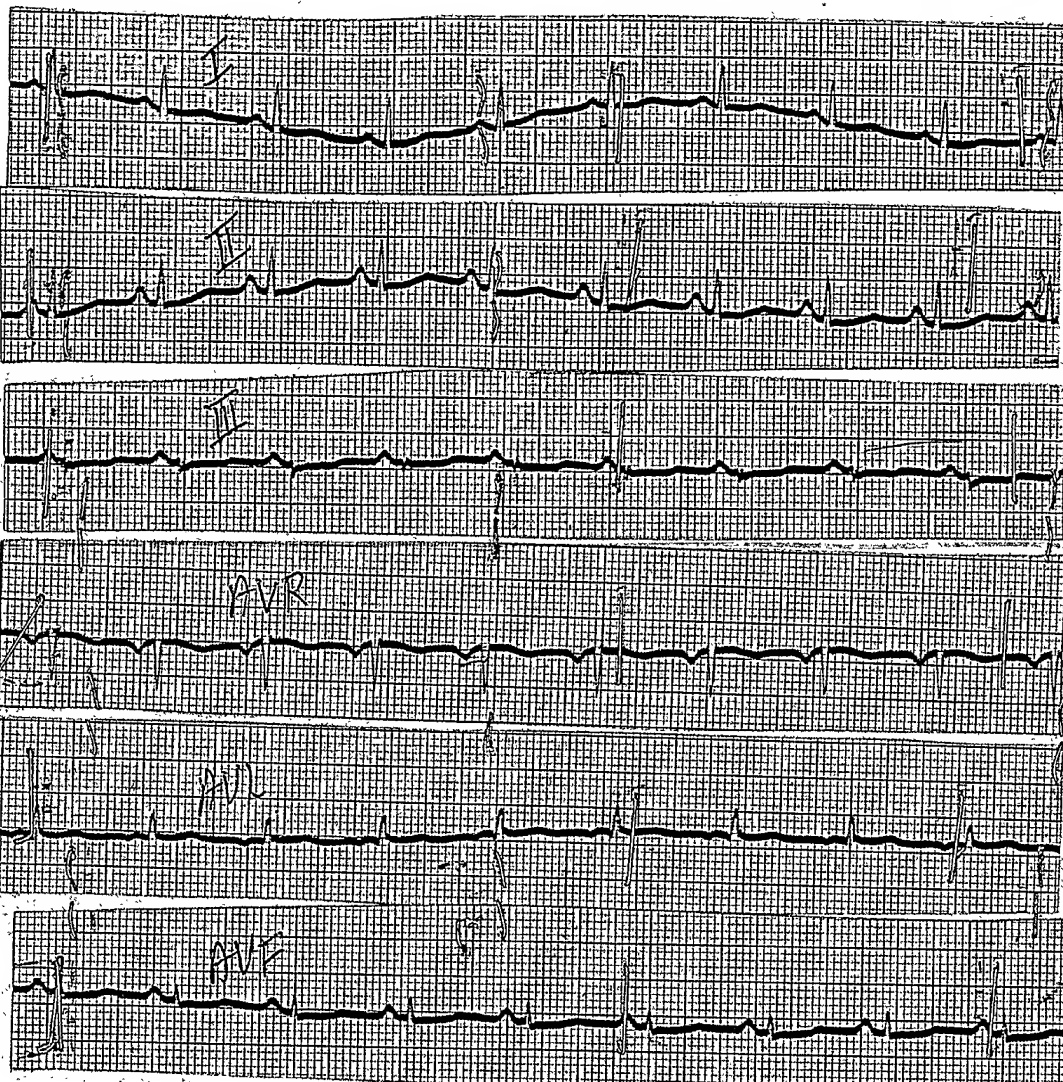
CLINICAL RECORD

Report on _____

or

Continuation of S. F. _____

(Strike out one line) (Specify type of examination or data)



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

PURCHIA, NICHOLAS J.

REGISTER NO.

FBI

WARD NO.

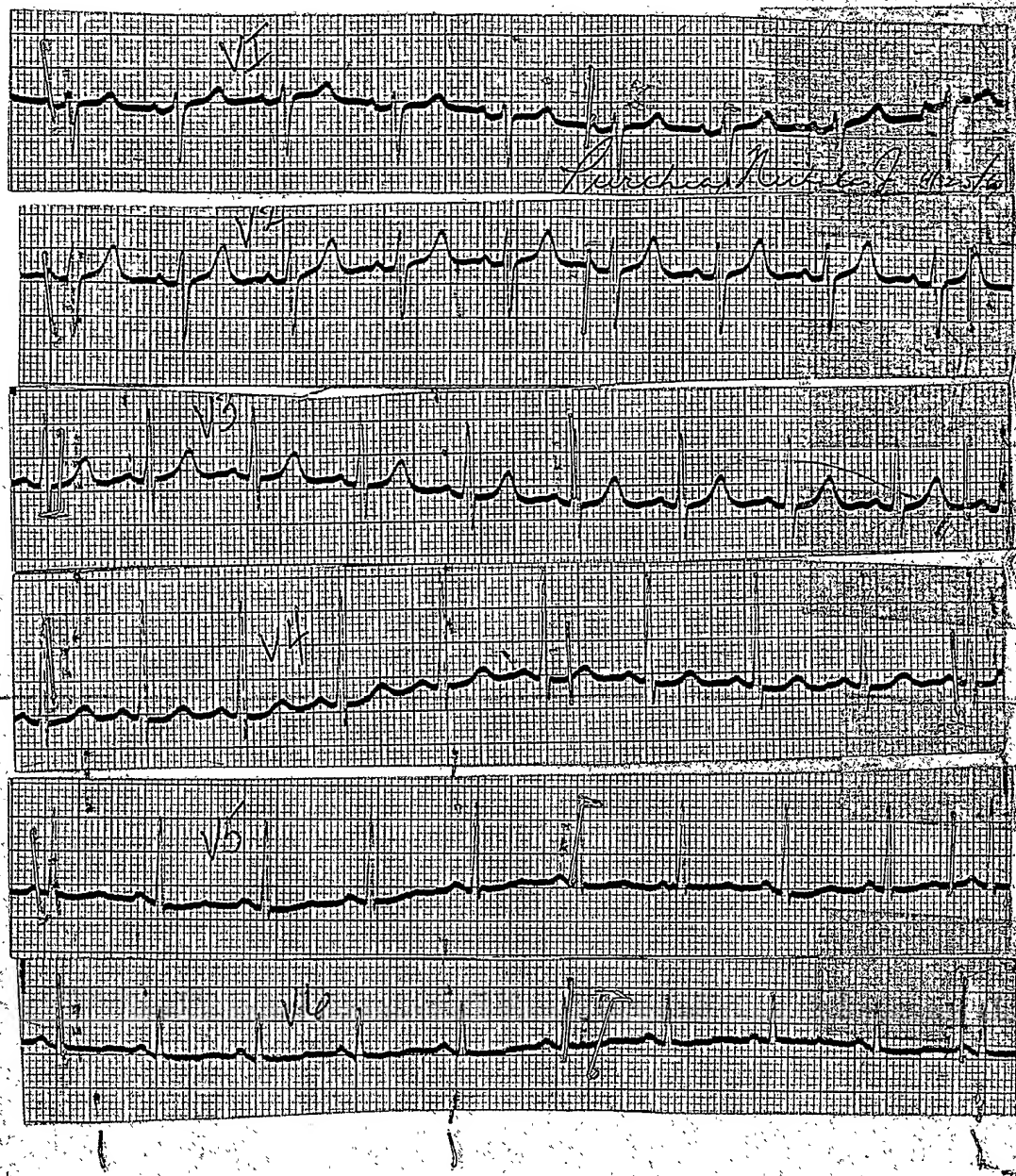
PE

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

25 Nov 69

US ARMY DISPENSARY
FT. HAMILTON, BKLYN, N.Y. 11252



Pacena, Nicholas 25 Nov 68

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE

☒ ROUTINE ☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B. P.

SIGNATURE OF WARD PHYSICIAN

DATE

57 M W 5'8" 164 124/82 11/19/70

RHYTHM

AXIS DEVIATION (QRS)

RATES

AURIC.

VENT.

INTERVALS

P WAVES

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Dynamic ST seg m
HUF V5 & V6
N.S.R. & T.V.C.T
N.S. ST seg
changes - 11/19

(Continue on reverse)

NO. ECG	SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
FEDERAL BUREAU OF INVESTIGATION		FBI	PE

NAME

Puncha, Nicholas J.

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-104-02

(Attach tracings to S. F. 507)

11/19/70

11/19



NO. ECG 100

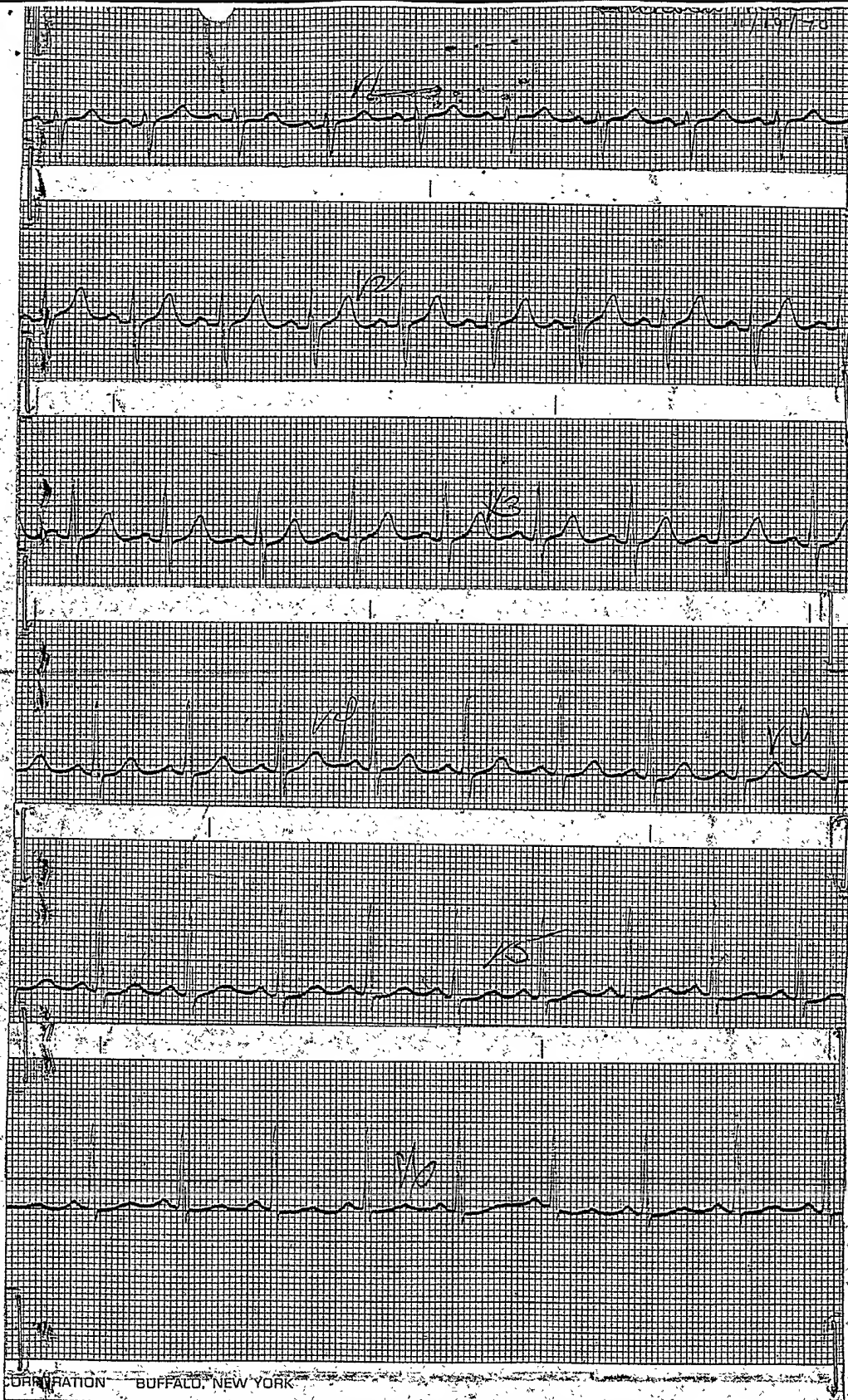
RECORDING CHARTS GRAPHIC

Purcha - Lucholas J.

19. Nov. 70.

431

10/11



CORPORATION BUFFALO, NEW YORK

Surchia, Nicholas J. 19-Nov-70

WHT
FB1

CERTIFICATE IN LIEU OF LOST OR DESTROYED

Certificate of Service



This is to certify that

NICHOLAS J PURCHIA 01 002 715 Captain
Reception Center Fort Devens Massachusetts

honorably served in active Federal Service in the

Army of the United States

from 4 May 1943

to 9 May 1946

Given at Washington, D. C., on 23 November 1953

WM. E. BERGIN
Major General, USA
The Adjutant General

67-NOT RECORDED
1 MAY 21 1975

12/10

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, <u>attach</u> agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• <u>Attach</u> certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • <u>Attach Duplicate</u> copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below:	<input type="checkbox"/> NO. Give reason below:
<input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;">2-14-68</div> (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)	<input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information:	<input type="checkbox"/> NO. Give reason below:
<div style="text-align: center;">442</div> Enrollment Code Number <div style="text-align: center;">3205918</div> Carrier Control Number	<input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	

PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT

SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☐ Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)
NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.

HEALTH BENEFITS DOCUMENTATION

- ☐ Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.

PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE

SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☒ Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.

HEALTH BENEFITS DOCUMENTATION

- ☒ Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

- Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
- Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
- Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.

SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL

OFFICIAL TITLE

Personnel Officer

DATE
3-4-75

AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE

FBI 202-324-4981
9th St. & Pa. Ave. N. W.
Washington D. C. 20535

12/10

RECORDED

CONT. CLERK'S OFFICE

Honorable Discharge

MAY 15 12 48 PM '48

from

BRONX COUNTY, N. Y.

The Army of the United States



TO ALL WHOM IT MAY CONCERN:

This is to Certify, That* NICHOLAS J. PURCHIA

† 32081821, Technician Fourth Grade, Co. C, Officer Candidate Bn (Prov) The Adjutant
General's School

THE ARMY OF THE UNITED STATES, as a TESTIMONIAL OF HONEST
AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the
military service of the UNITED STATES by reason of Convenience of Government
to accept appointment as 2d Lt. and active duty in AUS

Said Nicholas J. Purchia was born
in New York City, in the State of New York

When enlisted he was 27 6/12 years of age and by occupation a Attorney

He had Brown eyes, Brown hair, Fair complexion, and
was 5 feet 6 3/4 inches in height.

Given under my hand at Fort Washington, Maryland this
3rd day of May, one thousand nine hundred and forty-three

ROBERT C. RICE,
Lt. Colonel, AGD

Commanding.

57-NOT RECORDED

MAY 21 1975

Insert name, rank, grade, company, regiment, or arm or service; as "1637902"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps."
If discharged prior to expiration of term, give number, date, and source of order or full description of authority therefor.

10-1305

12/m

APPLICATION FOR RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Typewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) PURCHIA NICHOLAS JOHN			2. LIST ALL OTHER NAMES YOU HAVE USED —		
3. ADDRESS (Including ZIP code) 91 BLAUVELT STREET TEANECK, NEW JERSEY 07666			4. PHONE NUMBER (Including Area Code) (212) TEL-6650	5. DATE OF BIRTH (Month) (Day) (Year) 8/28/13	6. SOCIAL SECURITY ACCOUNT NUMBER 06816 6407
7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN? —		
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) —	HER (OR HIS) BIRTH DATE (Month) (Day) (Year) —	HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER —	DATE OF MARRIAGE (Month) (Day) (Year) 7/14/45	PLACE OF MARRIAGE (City) (State) FT. DEVENS AYER, MASS	MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE b6 <input type="checkbox"/> OTHER (Specify) b7C
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last) —		DATE OF BIRTH (Mo.) (Day) (Yr.) —		CHILD'S NAME (First) (Middle) (Last) —	
—		—		—	
—		—		—	

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE FEDERAL BUREAU OF INVESTIGATION DEPARTMENT OF JUSTICE 201 EAST 69th STREET, NEW YORK, NY 10021		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) APRIL 25 1975	3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 38+ MILITARY Syngs. 1940.
4. TITLE OF LAST POSITION SPECIAL AGENT - FBI		5. DO YOU HAVE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES' HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER 3205918 ENROLLMENT CODE NUMBER 442		8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.	
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY
ENGINEER CORPS ARMY	32081821	3/21/41	5/31/43
ARMY	01002715	5/4/43	5/9/46
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LAST GRADE OR RANK CAPTAIN	
ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.) ENGINEER CORP.		ADJUTANT GENERAL'S DEPT.	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED. —

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER — FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year)
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)
3A. DO YOU HAVE LIFE INSURANCE THROUGH-A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? MAY 21 1975 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM 12/11

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. <input type="checkbox"/> INITIALS ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER	<ul style="list-style-type: none">• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.• The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.• If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.• The survivor's annuity will not begin until your death.
<p>SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.</p> <p>If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.</p> <p><input type="checkbox"/> ALL THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.</p>	
2. <input type="checkbox"/> INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT (I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)	<ul style="list-style-type: none">• If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.• This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. <input type="checkbox"/> INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT	<ul style="list-style-type: none">• If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.• This type provides annuity payments to you only.				
2. <input type="checkbox"/> INITIALS ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST	<ul style="list-style-type: none">• This type is available to all retiring <i>unmarried</i> employees who are in good health.• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.• The survivor's annuity will not begin until your death.• The survivor's annuity will be 55% of the reduced annuity you receive.• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.• If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.				
<p>SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY</p> <p>NAME OF PERSON (First, middle, last)</p> <table border="1"><tr><td>RELATIONSHIP</td><td>DATE OF BIRTH (Mo., day, yr.)</td></tr><tr><td></td><td>SOCIAL SECURITY ACCOUNT NUMBER</td></tr></table> <p>SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.</p>		RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)		SOCIAL SECURITY ACCOUNT NUMBER
RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)				
	SOCIAL SECURITY ACCOUNT NUMBER				

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

2/25/75 (DATE) Nicholas J. Kurchia (SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

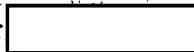
CHECK APPROPRIATE BOX: <input type="checkbox"/> INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED. <input type="checkbox"/> INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ (DATE) WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____	
NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)	SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL
C. D. Neudorfer	<i>[Signature]</i> D. E. Cox
TELEPHONE NUMBER, INCLUDING AREA CODE	OFFICIAL TITLE
202 EX 3-7100 EXT 2772	Authorized Certifying Officer
	DEPARTMENT OR AGENCY
	Federal Bureau of Investigation
DATE 5-16-75	
OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.	

May 20, 1975

TO WHOM IT MAY CONCERN:

This is to certify that Nicholas J. Purchia was appointed Special Agent of this Bureau on December 9, 1946. He served continuously in that capacity through April 25, 1975. During his service with this Bureau, he participated in the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (C) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,



Authorized Certifying Officer

b6
b7c

RECORDED
1 MAY 21 1975

12/11

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH			SOC. SEC. NO.			AGENCY	PAYROLL OFFICE	LOCATION	PAYROLL OFFICE NO.
			MO.	DAY	YR.							
1. PURCHIA	NICHOLAS	J.	8	28	13	069	16	6407	Justice	FBI	WASH. D.C.	15-02-0001
			DO NOT USE									
2. _____												
3. _____												
4. _____												

(RECORD EACH NAME CHANGE—
STRIKE OUT PREVIOUS NAME)

SERVICE HISTORY

FISCAL RECORD

EFFECTIVE DATE	ACTION	BASE PAY	DO NOT USE	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	REMARKS
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)
8/20/72	WGI	23,737.		GS 13 SA	1971	Balance Forward	Brought	7 ¹ / ₂ % Ret. Ded.
BSI (Executive Order 11730 approved							17,824.56	Began 1-5-75
12/15/72 effective 1-1-73		24,956		EO 10/1/72 EO 1171	1972	1624.66	19,449.22	
BSI (Executive Order 11730 approved		26,189			1973	1753.80	21,203.02	
10/3/73 effective 10/14/73					1974	1,871.61	23,074.63	Includes back pay
BSI (Executive Order 11811 approved					1975	*867.78	23,942.41	under EO 1177
10-7-74 effective 10-13-74)		27,632		GS 13				* APS
1-5-75	P193-350 Prem.(25%)							
	Pay Increase	31,161.25						
cb 4-25-75	RETIREMENT-VOLUNTARY SECTION 8336 (C) 5 USC							
ANNUITY PAYMENTS TO COMMENCE	4-26-75							
Pay stopped 4-25-75								
SCD 10-20-41								
H.B.Code 442								
CCN 3205918								
Optional Insurance Declined								
Unused sick leave 2052 hours								
5 USC Ch. 63								

Deductions and Service Certified Correct
 Date 5-16-75
 Certifying Officer, Federal Bureau of Investigation
 Not indebted on account of unearned leave.

RECORDED
MAY 21 1975

Orig. 2806, 2801, 56, 2809, 2810,
CSC 1084, Nile Paper & Cart Attache sent 5-21-75

10510*

069-16-64.07

LAST NAME	FIRST NAME	MIDDLE NAME	SEX		DATE OF BIRTH			AGENCY	PAY ROLL OFFICE	LOCATION
			M	F	MONTH	DAY	YEAR			
PURCHIA	NICHOLAS	J.	X		8	28	13	Justice	FBI	Washington
1. _____					NO. _____					
2. _____					_____					
3. _____					_____					
4. _____					_____					
(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)										
SERVICE HISTORY				FISCAL RECORD						
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS		
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)		
BSI (PL 87-233) approved 10/11/62						2182.68				
Effective 10/11/62		\$12,610*	GS 13 SA	1962	1056.35	7939.03				
BSI (PL 87-233) approved 10/11/62				1963	820.56	8759.59				
Effective 1/5/64		13,265								
BSI (PL 88-426) approved 8/14/64 Effective 7/2/64						1011.11				
		13,755	GS 13							
8-30-64	WGI	\$14,175	GS 13	1967	1019.46	12,597.78				
BSI (PL 88-231) approved 10/13/65				1968	1082.96	13680.74				
		14,685	GS 13	1969	1180.65	14861.39				
BSI (PL 88-554) approved 1/7/66				1970	1436.57	16297.96				
Effective 1/7/66		15,113		1971	1526.60	17824.56				
8-28-66	WGI	15,561								
BSI (PL 90-206) approved 12/16/67 Effective 10/18/67										
		\$16,207								
BSI (Executive Order 11413) approved 7/14/69										
Effective 7/14/69		17,289	GS 13							
BSI (Executive Order 11474) approved 6/16/69 effective 7/13/69										
		18,974								
8-24-69	WGI	\$19,501								
BSI (PL 91-231) approved 4/15/70 effective 1/23/69										
		\$20,673								
BSI (Executive Order 11576) approved 1/8/71 effective 1/10/71										
		21,905								
1/9/72 BSI (EO 11637)		23,112								

No. _____

DATE OF BIRTH			DATE	DESIGNATION	OFFICE
MONTH	DAY	YEAR			
SEX		RACE			
RETIREMENT AGE					
PARTIAL NTS					

PURCHIA
(SURNAME)

NICHOLAS
(FIRST NAME)

(SECOND NAME)

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT	
							REMARKS	
DEC 31 1946	3 99	1 00	2 99		00	2 99		
12-31-47					2.99	214.71	Tontine Added 12-31-47	
						13.00	Gross Deductions 12-31-47	
						227.71		
	SERVICE HISTORY					FISCAL RECORD		
					CALENDAR YEAR	ACCUMULATIVE	DO	REMARKS
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	SALARY DEDUCTIONS	TOTAL SALARY DEDUCTIONS	NOT USE	
Grade and salary fixed by Classification Act of 1943 (P.L. 42, approved 10-23-49)				1944	362.69	442.59		
4/2/50	Per Step Inc	5600	GS 11 SA	1950	332.24	1138.05		
1-21-51	Prom.	6400	GS 12		94.15	1532.11		
Retroactive to 7-8-51								
* ESI approved Oct 24, 1951 same grade								
7-20-52	Per Step Inc	7240	GS 12	1955	472.72	3334.27		
1-17-54	Per Step Inc	7440	GS 12	1956	514.14	3848.41		
		\$8000		1957	584.48	4432.89		
7-17-55	Per Step Inc	\$8215	GS 12	1958	657.03	5089.92		
Retroactive to 3-13-55				1959	663.87	5747.79		
9-2-56	Promotion	\$9990 **	GS 13	1960	696.37	6444.16		
3-9-58	Per Step Inc	\$9205 *	GS 13	1961	758.52	7182.68		
1-12-58 to 3-9-58 \$9890**								
* approved 1/21/58, effective 1/12/58 - PL 85-462								
		\$10,130*						
9-6-59	Per Step Inc	\$10,370**	GS 13					
		\$11,155**						
3/5/61	Per Step Inc.	\$11,415	GS 13					
9-2-62	SSI	\$11,675 *	GS 13					12/14

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
8	28	13	N.Y. 26th.	Bronx	N.Y. C.
SEX M		RACE W	MILITARY SERVICE _____ YES _____ NO _____		
RETIREMENT AGE			MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____		

PURCHIA NICHOLAS J.
(SURNAME) (FIRST NAME) (SECOND NAME)

[illegible]

EDUCATION:	COMMON SCHOOL								HIGH SCHOOL				COLLEGE				DEGREES, IF ANY
(INDICATE NUMBER OF YEARS)	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	
SPECIAL QUALIFICATIONS																	

ADDITIONAL INFORMATION
IN SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT
(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle) PURCHIA, NICHOLAS JOHN	2. DATE OF BIRTH (Month, Day, Year) 8-28-13	3. SOCIAL SECURITY NUMBER 069.16.6407
---	---	---

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (Month) (Day) (Year) 10-20-41	2. REVIEW PERSONNEL FOLDER DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	--

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER. INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
12-9-46	Appointed		FBI	CS	(Retirement deductions began)
4-25-75	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-4-17			TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0		

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.</small>
--	---

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
3-21-41	5-9-46	U. S. Army	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 5-1-19			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? 1 MAY 21 1975 <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available. <input checked="" type="checkbox"/> No.	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.) <input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. <input type="checkbox"/> No.
--	--

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission-office having medical jurisdiction over disability retirement from the applicant's place of employment.

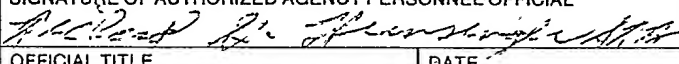
E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;">2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)</div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information: <div style="text-align: center;">442 Enrollment Code Number 3205918 Carrier Control Number</div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement.	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval <u>before</u> separation for retirement.
LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted <u>after</u> separation for retirement.
HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted <u>after</u> separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL 	
OFFICIAL TITLE Personnel Officer	DATE 3-4-75
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & Pa. Ave. N. W.	

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) PURCHIA, NICHOLAS J.		2(a). DATE OF BIRTH (Month, Day, Year) 8-28-13	2(b). SOCIAL SECURITY NUMBER 069 16 6407								
3. CHECK THE REASON FOR TERMINATING INSURANCE											
<table border="0"><tr><td>(a) <input type="checkbox"/> SEPARATED</td><td>(c) <input type="checkbox"/> DIED</td><td rowspan="2"><div>12 MONTHS NON-PAY STATUS</div></td><td rowspan="2"><div>OTHER (Specify)</div></td></tr><tr><td>(b) <input checked="" type="checkbox"/> RETIRED</td><td><div>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</div></td><td>(d) <input type="checkbox"/></td><td>(e) <input type="checkbox"/></td></tr></table>				(a) <input type="checkbox"/> SEPARATED	(c) <input type="checkbox"/> DIED	<div>12 MONTHS NON-PAY STATUS</div>	<div>OTHER (Specify)</div>	(b) <input checked="" type="checkbox"/> RETIRED	<div>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>	(d) <input type="checkbox"/>	(e) <input type="checkbox"/>
(a) <input type="checkbox"/> SEPARATED	(c) <input type="checkbox"/> DIED	<div>12 MONTHS NON-PAY STATUS</div>	<div>OTHER (Specify)</div>								
(b) <input checked="" type="checkbox"/> RETIRED	<div>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>			(d) <input type="checkbox"/>	(e) <input type="checkbox"/>						
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY											
<table border="0"><tr><td>(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED</td><td>(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY</td><td>(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)</td></tr></table>				(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)					
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)									
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.											
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 4-25-75	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$1,101.25 PER ANNUM	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)								
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.											
<div><i>Delbert C. Toohy</i> (Personal signature of authorized agency official)</div> <div>Delbert C. Toohy (Typed name of authorized agency official)</div> <div>Federal Bureau of Investigation (Name of agency)</div>		<div>4-25-75 (Date)</div> <div>Supervisory Special Agent (Title)</div> <div>Washington, D. C. 20535 (Mailing address, including ZIP Code of agency)</div>									

IMPORTANT INFORMATION FOR EMPLOYEE

NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance; and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability; and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it; and
- You continue your regular insurance; and
- You have had optional insurance from the time it first became available to you; and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost; and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

SEE OTHER SIDE

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTIONS ABOUT CONVERSION TO AN INDIVIDUAL POLICY AND CONTINUATION OF INSURANCE WHILE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

12/10

*McFadyen
Adm. Data Proc.*

Purchia, Nicholas J.

8-28-13

3205918

91 Blauvelt Street
Teaneck, New Jersey 07666

15-02-0001

442

069 16 6407

4-25-75

X Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415

Employee annuitant

NOT RECORDED
4 MAY 28 1975
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

4-25-75

3/2/78

12/78

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) PURCHIA, NICHOLAS J.		2(a). DATE OF BIRTH (Month, Day, Year) 8-28-13	2(b). SOCIAL SECURITY NUMBER 069 | 16 | 6407
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) <input type="checkbox"/> SEPARATED (c) <input type="checkbox"/> DIED (b) <input checked="" type="checkbox"/> RETIRED HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS (e) <input type="checkbox"/> OTHER (Specify)			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 4-25-75	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$31,161.25 PER ANNUM	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 300px; height: 30px; margin-bottom: 5px;"></div><div style="border: 1px solid black; width: 300px; height: 30px; margin-bottom: 5px;"></div><div>Federal Bureau of Investigation (Name of agency)</div></div><div><div style="text-align: right;">4-25-75 (Date) Supervisory Special Agent (Title) Washington, D. C. 20535 (Mailing address, including ZIP Code of agency)</div></div></div>			

b6
b7c

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

*Orig. SF-58107 copy of SF-56
transmitted at 9/1/66
to J. J. 07666.
Copy of SF-58107 orig. SF-56
transmitted to death
Div. 3-4-75. 3/*

65 NOT RECORDED
PART 3 - FILE COPY
1 MAY 21 1975

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.
Illustrative Statement
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

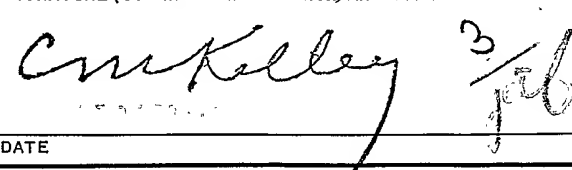
- | | | |
|---------------------------------|----------------------------------|-----------------|
| _____
(Employee's signature) | _____
(Address—print or type) | _____
(Date) |
|---------------------------------|----------------------------------|-----------------|
- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
 3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
 4. All other cases—
Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
 5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

1. NAME (CAPS) LAST-FIRST-MIDDLE NIRCHTA NICHOLAS J		MR.-MISS-MRS. MR		2. (FOR AGENCY USE)		3. BIRTH DATE 08-28-13		4. SOCIAL SECURITY NO. 069-16-6407	
5. VETERAN PREFERENCE 2 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP 1		7. SERVICE COMP DATE			
9. FEGLI 1 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE				11. (FOR CSC USE)	
12. CODE NATURE OF ACTION 302 RETIREMENT - VOLUNTARY				13. EFFECTIVE DATE CR 04-25-75		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER SPECIAL AGENT 61-F-048 170				16. PAY PLAN AND OCCUPATION CODE GS SERIES 1811		17. GRADE STEP (a) OR (b) OR LEVEL RATE 13 09		18. SALARY \$27632 PA	
19. NAME AND LOCATION OF EMPLOYING OFFICE									
20. TO: POSITION TITLE AND NUMBER				21. PAY PLAN AND OCCUPATION CODE		22. GRADE STEP (a) OR (b) OR LEVEL RATE		23. SALARY	
24. NAME AND LOCATION OF EMPLOYING OFFICE									
25. DUTY STATION (City-county-State)								26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: 1-PROVED-1 TO: STATE 2-WAIVED-2			
30. REMARKS: <div style="display: flex; justify-content: space-between;"> <div> <p>A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING</p> <p>B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:</p> </div> <div> <p>C. DURING PROBATION</p> </div> </div> <p>SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE.</p> <p>AT HIS REQUEST, HE VOLUNTARILY RETIRED IN VIEW OF SECTION 8336(C) 5 USC OF THE CIVIL SERVICE RETIREMENT ACT. (AT LEAST AGE 50, AND 20 YEARS OR MORE INVESTIGATIVE EXPERIENCE).</p> <p>ANNUITY PAYMENTS TO COMMENCE 4-26-75.</p> <p>EMPLOYEE GAVE NO REASON FOR RETIRING--NO OTHER INFORMATION AVAILABLE.</p> <p>Paid hereon for the period 4-13-75 thru eb 4-25-75. Lump-sum payment to cover 321 hours commencing bob 4-28-75 and ending after 1 hour 6-23-75.</p>									
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)				<div style="text-align: right;"> CRT RESIGN  3/26 </div>					
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)									
33. CODE EMPLOYING DEPARTMENT OR AGENCY DJ 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535									
35. DATE				4. PERSONNEL FOLDER COPY					

67-NOT RECORDED

16 MAY 12 1975

R. 80 LSP 321 1 Holiday Included.

PURCHIA NICHOLAS J 069-16-6407

MONTH	TOT OT	AVG OT	OFF	AVG	DAYS WORKED
JANUARY	42.05	2.06	2.23	NY	20
FEBRUARY	43.44	2.26	2.24	NY	18
MARCH	35.58	2.07	2.20	NY	17
APRIL	46.52	2.28	2.25	NY	19
MAY	41.40	2.05	2.25	NY	20
JUNE	44.47	2.08	2.25	NY	21
JULY	50.00	2.30	2.25	NY	20
AUGUST	38.48	2.17	2.24	NY	17
SEPTEMBER	42.32	2.30	2.19	NY	17
OCTOBER	37.35	2.13	2.21	NY	17
NOVEMBER	42.15	2.13	2.22	NY	19
DECEMBER	49.49	2.29	2.21	NY	20
TOTAL 1971	516.05	2.18			225

PURCHIA NICHOLAS J 069-16-6407

MONTH	TOT OT	AVG OT	OFF	AVG	DAYS WORKED
JANUARY	34.47	2.19	2.23	NY	15
FEBRUARY	49.58	2.30	2.23	NY	20
MARCH	47.12	2.03	2.10	NY	23
APRIL	34.39	2.10	2.05	NY	16
MAY	43.58	2.00	2.05	NY	22
JUNE	42.37	2.02	2.05	NY	21
JULY	35.01	1.57	2.07	NY	18
AUGUST	39.53	1.54	2.07	NY	21
SEPTEMBER	5.34	1.51	2.09	NY	3
OCTOBER	27.00	1.56	2.12	NY	14
NOVEMBER	38.15	2.01	2.08	NY	19
DECEMBER	39.46	2.06	2.12	NY	19
TOTAL 1972	438.40	2.05			211

1 MAY 9 1973

3/10/73

Office Memorandum • UNITED STATES GOVERNMENT

TO : Director, FBI

DATE: 6/2/59

FROM : SAC, NEW YORK

SUBJECT: NICHOLAS J. PURCHIA, SA
(Employee)

NEW YORK

(Division)

on file - 7/2/59

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)		
<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Disease
<input type="checkbox"/> Operation	(Date of surgery and postoperative condition must be indicated under Remarks)	
Date sick leave commenced	Date ceased active duty	Expected date of return to duty
Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence		
Address:		

Remarks:

RECORDED - 113

67-413-797 88	
Searched	Numbered 26
JUN 8 1959	

DEATHS

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input checked="" type="checkbox"/> Son	<input type="checkbox"/> Daughter
WILLIAM PURCHIA						<input type="checkbox"/> Other
(Name of deceased)						(Relationship)
Date and place of death						
6/2/59 North Jersey Training School, Totowa, New Jersey						

Remarks: ReNYlet, 8/12/54, which gave the child's physical condition at the time of birth which has caused him to be institutionalized constantly since birth. Reference is also made to the Director's letter to SA PURCHIA, 8/17/54.

WPD:rma
(2)

*dis. pers. note
6/4/59
jwb*

*3/
jwb*

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		1.017	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	NEGATIVE	D. MICROSCOPIC	
C. SUGAR	NEGATIVE	NEGATIVE	
47. SEROLOGY (Specify test used and result)		48. EKG	49. BLOOD TYPE AND RH FACTOR
CARDIOLIPIN NEGATIVE		NORMAL RECORD	NOT REQUIRED
		50. OTHER TESTS	
		NONE	

5 DEC 30 1950

DEC 20 1959

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 67 1/2		52. WEIGHT 164		53. COLOR HAIR BROWN		54. COLOR EYES BROWN		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 130 DIAS. 80		B. RECUMBENT SYS. DIAS. 		C. STANDING (5 min.) SYS. DIAS. 		A. SITTING 102/73		B. AFTER EXERCISE 88		C. 2-MIN. AFTER 72	
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION		
RIGHT 20/20 CORR. TO 20/						BY S. OX			J1 CORR. TO BY		
LEFT 20/20 CORR. TO 20/						BY S. OX			J1 CORR. TO BY		
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION						64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)		
RIGHT LEFT						Ishihara Negative			UNCORRECTED		
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)			68. RED LENS TEST		
69. INTRAOCULAR TENSION											
70. HEARING						71. AUDIOMETER					
RIGHT WV 15 /15 SV 15 /15						250 500 1000 2000 3000 4000 6000 8000					
LEFT WV 15 /15 SV 15 /15						RIGHT LEFT					
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1. Usual childhood diseases, no sequelae.
2. Jamndice- 1941. Yellow fever immunization. No later symptomatology since then.
3. Diverticulitis, on diet, asymptomatic at present time.
4. Glasses, reading.
5. Operation, neck, bilateral, age 6 months. Diagnosis unknown.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NO SIGNIFICANT ABNORMALITIES.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

NONE

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

DUTY

DUTY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

A. FALUSSY

MD

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION
FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee: PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
11	67
14	68
17	69
46	71
48	72
49	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

TO BE ANSWERED IN THE CASE OF ALL MALE EMPLOYEES AND MALE APPLICANTS:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes. If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes. If "yes" please specify defects. _____

62-89

not

Weights for Males

Height Feet-Inches	SMALL FRAME		MEDIUM FRAME		LARGE FRAME	
	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5 4	121-131	143	129-139	152	136-148	162
5 5	124-134	146	132-142	155	140-152	166
5 6	128-138	151	136-146	160	144-157	172
5 7	131-142	155	140-151	165	148-161	176
5 8	135-146	160	144-155	170	152-165	181
5 9	139-150	164	148-159	174	156-170	186
5 10	143-154	168	152-163	178	160-175	192
5 11	147-159	174	156-168	184	164-180	197
6 0	152-164	179	161-173	189	169-185	203
6 1	158-170	186	166-179	196	174-191	209
6 2	163-175	192	171-184	201	179-197	216
6 3	168-180	197	176-189	207	184-202	221
6 4	174-186	204	182-195	214	190-208	228
6 5	180-191	209	188-201	220	196-214	234

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds

☐ gain _____ pounds

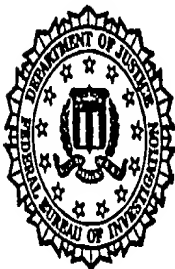
Remarks: _____

V. D. Francis MD

(Signature of Medical Examiner)

25 NOV 59

(Date)



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA

NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship	Date
		WIFE	10/16/59
Address	91 BLAUVELT STREET, TEANECK, N.J.		

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty.

Name		Relationship	Date
		WIFE	10/16/59
Address	91 BLAUVELT STREET, TEANECK, N.J.		

Very truly yours,

Nicholas J. Purchia
Special Agent

DEC 2 1959

b6
b7c

11/16/59

SAC, NEW YORK

RE: NICHOLAS J. PURCHIA

SPECIAL AGENT

In-Service Course 11/2/59 to 11/13/59

Type of School: ☒ Security ☐ Criminal ☐ General

Dear Sir:

The above-mentioned Special Agent attended the above In-Service Training Course at the Seat of Government and attained the following grades:

Notebook	VG
Examination	95
Double Action Course	92
Practical Pistol Course	88
Shotgun (Skeet)	10/25
.30 Rifle	76
Machine Gun	94

The firearms grades should be entered on the individual field firearms training record.

This employee should be credited with 23 hours and 3 minutes of overtime earned on 7 calendar days during the above period in November.

Very truly yours,

J. Edgar Hoover
John Edgar Hoover
Director

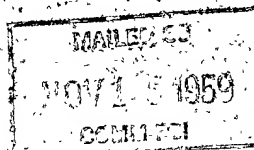
1 - SA

NICHOLAS J. PURCHIA
NEW YORK

HLS:chb

(3)

Mail Room



1. Agency and organizational designations FBI, U.S. Dept. of Justice		2. Payroll period	3. Block No.	4. Slip No.
5. Employee's name (and social security account number when appropriate) 10510 MR. NICHOLAS J. PURCHIA SA		6. Grade and salary GS 13 \$10,370		

PAYROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.		NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												

10. Remarks:	11. Appropriation(s)	12. Prepared by
	13. Audited by	

67-NOT RECORDED-3

☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase _____

14. Effective date 9-6-59	15. Date last equivalent increase 3-9-58	16. Old salary rate \$10,130	17. New salary rate \$10,370	18. Performance rating is satisfactory or better. <i>J. E. Hoover</i> (Signature or other authentication)
-------------------------------------	--	--	--	---

19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s): Period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____	(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. <i>MA:dlb</i> Initials of Clerk
--	---

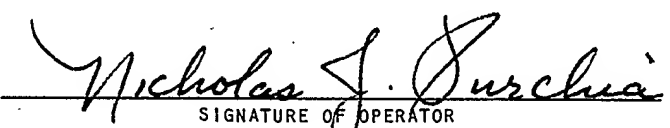
STANDARD FORM NO. 1126d-Revised

Form prescribed by Comp. Gen., U. S.
March 5, 1957 6 GAO 8000


PAYROLL CHANGE SLIP - PERSONNEL COPY

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) PURCH JA, NICHOLAS J.		DATE 5/29/59
DIVISION AND SECTION ASSIGNED 4-1	POSITION TITLE SPECIAL AGEN T	
THIS IS TO CERTIFY THAT I PRESENTLY <input checked="" type="checkbox"/> HOLD <input type="checkbox"/> DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.		
PERMIT ISSUED BY: (STATE, TERRITORY POSSESSION, DISTRICT) NEW JERSEY	PERMIT NUMBER 2 589747	PERMIT EXPIRES DEC. 1961
THIS IS AN <u>UNRESTRICTED</u> (RESTRICTED) PERMIT. (IF RESTRICTED, EXPLAIN BELOW) (STRIKE OUT ONE)		
THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY <u>35,000</u> MILES. DURING THIS TIME (A) I <input checked="" type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I <input checked="" type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.		
* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.		 SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) DIX, WILLIAM P	POSITION TITLE SUPERVISOR	DATE 7/1/59
THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:		
<input checked="" type="checkbox"/> CONTINUOUS SAFE DRIVING RECORD <input type="checkbox"/> INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **		
I CERTIFY THAT THIS EMPLOYEE IS:		
<input checked="" type="checkbox"/> QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS. <input type="checkbox"/> NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.		
REMARKS:		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 67-NOT RECORDED 1 JUL 9 1959 </div> <div style="text-align: right; margin-top: 20px;">  (SIGNATURE OF REVIEWING OFFICIAL) </div>		
** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.		

June 4, 1959

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

I have learned of the sorrow which has
come to Mrs. Purchia and you in the passing of your
son, William, and want to extend my heartfelt sympathy
in your bereavement. You need only to let me know
if I can be of any assistance.

Sincerely,

J. Edgar Hoover

1 - SAC, New York (Personal Attention)

JWB
(4)

Tolson _____
Belmont _____
DeLoach _____
McGuire _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

REC'D-READING ROOM

JUN 4 2 19 PM '59

FBI

1PM
HCC

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING *pu*

b6
b7C

Name of Employee: NICHOLAS J. PURCHIA #10510

Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from 4/1/59 to 3/31/60

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

MP

Rated by: Warren Marchessault SUPERVISOR 3/31/60
WARREN MARCHESSAULT Signature Title Date

Reviewed by: H. G. Foster SPECIAL AGENT 3/31/60
H. G. FOSTER Signature Title Date

Rating Approved by: M. P. Callahan Assistant Director APR 6 1960
Signature Title Date

TYPE OF REPORT

(x) Official
(x) Annual

REC-148

67-413797
90
57
() Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

99

11 1960

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

APR 7 1960

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/59 to 3/31/60

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
~~+~~ Outstanding (exceeding excellent and deserving of special commendation).
~~E~~ Excellent.
~~✓~~ Satisfactory (good or very good).
~~-~~ Unsatisfactory.
~~O~~ No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|--|
| E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
E (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
✓ (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
+ (6) Forcefulness and aggressiveness as required.
+ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ (8) Initiative and the taking of appropriate action on own responsibility.
+ (9) Planning ability and its application to the work.
+ (10) Accuracy and attention to pertinent detail.
E (11) Industry, including energetic, consistent application to duties.
+ (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
E (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ (14) Technical or mechanical skills.
+ (15) Investigative ability and results: <ul style="list-style-type: none"> + (a) Internal security cases 0 (b) Criminal or general investigative cases 0 (c) Fugitive cases 0 (d) Applicant cases 0 (e) Accounting cases ✓ (16) Physical surveillance ability. | ✓ (17) Firearms ability.
✓ (18) Development of informants and sources of information.
E (19) Reporting ability: <ul style="list-style-type: none"> E (a) Investigative reports E (b) Summary reports E (c) Memos, letters, wires (Consider: conciseness; clarity; organization; thoroughness; accuracy; adequacy and pertinency of leads; administrative detail.)
0 (20) Performance as a witness.
0 (21) Executive ability: <ul style="list-style-type: none"> 0 (a) Leadership 0 (b) Ability to handle personnel 0 (c) Planning 0 (d) Making decisions 0 (e) Assignment of work 0 (f) Training subordinates 0 (g) Devising procedures 0 (h) Emotional stability 0 (i) Promoting high morale 0 (j) Getting results ✓ (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> ✓ (a) As leader ✓ (b) As participant + (23) Organizational interest, such as making of suggestions for improvement.
+ (24) Ability to work under pressure.
E (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> E Dictation ability _____ |
|---|--|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): SecurityB. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave during rating period than earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
 Outstanding, Excellent, Satisfactory, UnsatisfactoryEMPLOYEE'S INITIALS NP

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING, MARCH 31, 1960

PART I

GENERAL COMMENTS

SA PURCHIA is of average height with a muscular build. He dresses very neatly and has a likable personality. He is very well liked by his fellow employees.

During the rating period, he has been assigned cases involving the investigation of Communist front matters. He has handled these investigations in a most efficient manner. This agent is a hard working agent and a very thorough investigator.

This agent is capable of handling the most complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

RATING: EXCELLENT

WSP

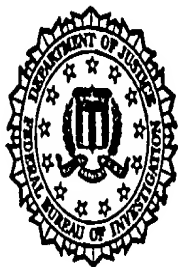
PART II SPECIFIC COMMENTS

- | | |
|---|------|
| (1) Justification for Any Minus Ratings Given | NA |
| (2) Experience and Ability as an Inspector's Aide | NA |
| (3) Participation in Informant Program -
He has not developed any informants during rating period.
He has, nevertheless, been alerted to this matter. | |
| (4) Testifying Experience and Ability -
None during rating period | |
| (5) Disciplinary Action | NA |
| (6) Accounting Information | NA |
| (7) Police Instruction | NA |
| (8) Sound Training | NA |
| (9) Resident Agents | NA |
| (10) Foreign Language Ability | None |
| (11) Administrative Advancement
A-Is Agent interested in Administrative Advancement? | No |

APR 8 2 00 PM '66

522
7-10-66

MSI



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship	Date
		WIFE	3/1/60

Address
91 BLAUVELT ST. TEANECK, N.J.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty.

Name		Relationship	Date
		WIFE	3/1/60

Address
91 BLAUVELT ST. TEANECK, N.J.

Very truly yours,

Nicholas J. Purchia
Special Agent

3-17-60

46
3/1/60b6
b7c

REPORT OF MEDICAL EXAMINATION

brr

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS J			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or R F D, city or town, zone and State) 91 Blauvelt St Teaneck NJ			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 22 June 60	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 CIVILIAN 13½		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 28 Aug 1913		13. PLACE OF BIRTH USA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD NYC (61-1224) 90 Church St NY 7 NY				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 69 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	<input checked="" type="checkbox"/>
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

- #31. No palpable masses; no tenderness elicited.
#32. Prostate slightly hypertrophied, asymptomatic.
Lower rectum negative to digital examination.
External hemorrhoids, asymptomatic.
#36. Pes planus 2°, asymptomatic.

ENCLOSURE
REC-133

67-413 797 - 91	
Searched	Numbered
9 JUL 21 1960	

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
/—Nonrestorable teethX—Missing teeth
XXX—Replaced by dentures(6 X 8)—Fixed bridge, brackets to
include abutments

RIGHT	X ₁	(	2	X ₃	X ₄	5)	6	7	8	9	10	11	X ₁₂	X ₁₃	X ₁₄	X ₁₅	16	LEFT	
	X ₃₂	(	31	X ₃₀	29)	28	27	26	25	24	23	22	21	(	20	X ₁₈	18)		17

REMARKS AND ADDITIONAL DENTAL
DEFECTS AND DISEASES

OCCLUSION NORMAL

CLASS 1

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.017		46. CHEST X-RAY (Place, date, film number and result) Neg 22 June 60	
B. ALBUMIN Neg		D. MICROSCOPIC Neg	
C. SUGAR Neg		E. BLOOD TYPE AND RH FACTOR Not required	
47. SEROLOGY (Specify test used and result) Cardiolipin Neg		50. OTHER TESTS None	

JUL 27 1960

MEASUREMENTS AND OTHER FINDINGS												
51. HEIGHT 69		52. WEIGHT 160		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level) PULSE (Arm at heart level)												
A. SITTING SYS. 130 DIAS. 80		B. RECUMBENT SYS. DIAS. C. 2 MIN. AFTER 80		D. AFTER EXERCISE 92		E. AFTER STANDING 3 MIN. 80						
59. DISTANT VISION				60. JUL 22 4 32 PM '60				61. NEAR VISION				
RIGHT 20/20 CORR. TO 20/		BY S. OX		J1 CORR. TO		BY						
LEFT 20/20 CORR. TO 20/		BY S. OX		J1 CORR. TO		BY						
62. HETEROPHORIA (Specify distance)												
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		
RIGHT LEFT				ISHIHARA NEG						CORRECTED		
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION		
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV 15 /15 SV 15 /15				250 266 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192								
LEFT WV 15 /15 SV 15 /15				RIGHT								
				LEFT								

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1. Serum jaundice in 1942 - no sequelae.
2. Diverticulitis 1956 - is on diet.
3. Myopia - corrected with glasses.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Complains of symptoms of diverticulitis with onset in 1956.
However, it is kept under control by diet.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR DUTY
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

A. FALUSSY MD

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS J				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 918 LAUVELT STREET, TEANECK, N.J.				5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 6/22/60	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 5 CIVILIAN 13 1/2	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT		
12. DATE OF BIRTH 8-28-13		13. PLACE OF BIRTH USA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 1ST ARMY - 90 CHURCH ST. NYC				16. OTHER INFORMATION			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD							

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	80	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	69	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	42	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
	45	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS AND SISTERS	49	GOOD				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN	13	GOOD			<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
	10	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BOILED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

<input checked="" type="checkbox"/>	BEEN PREGNANT	B. COMPLETE THE FOLLOWING:	
	HAD A VAGINAL DISCHARGE	AGE AT ONSET OF MENSTRUATION	
	BEEN TREATED FOR A FEMALE DISORDER	INTERVAL BETWEEN PERIODS	
	HAD PAINFUL MENSTRUATION	DURATION OF PERIODS	
	HAD IRREGULAR MENSTRUATION	DATE OF LAST PERIOD	
QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY			

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

SPECIAL AGENT

26. ARE YOU (Check one)

☐ RIGHT HANDED ☐ LEFT HANDED

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Had yellow jaundice -
State Serum during World
War II - no trouble

Have diverticulitis - Hospitalized -
May 1956, Methodist Hospital,
Brooklyn, NYC - Dr. Peter Fosse
Brooklyn, N.Y. - no Surgery

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Serum jaundice in 1942 - no sequelae
Diverticulitis 1956 - in an diet
Myopia - corrected with glasses.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
JACK TENDLER LT COL MC

DATE

22 June 60

SIGNATURE

Jack Tandler

NUMBER OF ATTACHED
SHEETS

1

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA NICHOLAS J
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

Not Applicable

ENCLOSURE

69-

-71

908

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Ad Schenker MD
 (Signature of Medical Examiner)

22 June '60
 (Date)

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

b6
b7CName of Employee: NICHOLAS J. PURCHIA

#10510

Where Assigned: NEW YORK
(Division)INTERNAL SECURITY
(Section, Unit)Official Position Title: SPECIAL AGENT, GS-13Rating Period: from 4/1/60 to 3/31/61ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsNPRated by: Warren Marchessault
WARREN MARCHESSAULT Signature

SUPERVISOR

3/31/61Title
SPECIAL AGENT
IN CHARGE

Date

Reviewed by: H. G. Foster
H. G. FOSTER Signature3/31/61

Title

Date

Rating Approved by: M. P. Callahan
SignatureAssistant Director
TitleAPR 5 1961
Date

TYPE OF REPORT

- (☒) Official
(☒) Annual

- () Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

67-413 797-92
Searched _____ Num _____
3 APR 4 1961

REC-147

3 APR 7 1961

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/60 to 3/31/61

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
- + Outstanding (exceeding excellent and deserving of special commendation).
 - E Excellent.
 - ✓ Satisfactory (good or very good).
 - Unsatisfactory.
 - O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
 - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <ul style="list-style-type: none"> <u>E</u> (1) Personal appearance. <u>E</u> (2) Personality and effectiveness of his personal contacts. <u>E</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). <u>E</u> (4) Physical fitness (including health, energy, stamina). <u>+</u> (5) Resourcefulness and ingenuity. <u>+</u> (6) Forcefulness and aggressiveness as required. <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. <u>+</u> (9) Planning ability and its application to the work. <u>+</u> (10) Accuracy and attention to pertinent detail. <u>+</u> (11) Industry, including energetic, consistent application to duties. <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. <u>✓</u> (14) Technical or mechanical skills. <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases <u>E</u> (16) Physical surveillance ability. | <ul style="list-style-type: none"> <u>✓</u> (17) Firearms ability. <u>✓</u> (18) Development of informants and sources of information. <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) <u>+</u> (20) Performance as a witness. <u>+</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. <u>+</u> (24) Ability to work under pressure. <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability _____ |
|---|---|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): SecurityB. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

 ADJECTIVE RATING: EXCELLENT
 Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JP

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING, MARCH 31, 1961

PART I GENERAL COMMENTS

SA PURCHIA is of average height with an athletic build. He dresses neatly and has a very friendly personality. He is well liked by those with whom he comes in contact.

During the rating period this agent has been assigned cases involving Communist Front Investigations. He has performed his duties in a most efficient manner. This agent is a top flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

The Bureau by letter dated October 14, 1960, commended agents of the New York Office for performing so capably in the effective handling of an operation of considerable interest to the Bureau in the security field. SA PURCHIA participated in this assignment.

RATING: EXCELLENT

mP

PART II

SPECIFIC COMMENTS

- | | | |
|------|--|------|
| (1) | Justification for Any Minus Ratings Given | NA |
| (2) | Experience and Ability as an Inspector's Aide | NA |
| (3) | Participation in Informant Program -

He has not developed any informants during the rating period. However, he has been alert to this matter. | |
| (4) | Testifying Experience and Ability

None during rating period. | |
| (5) | Disciplinary Action | None |
| (6) | Accounting Information | NA |
| (7) | Police Instruction | NA |
| (8) | Sound Training | NA |
| (9) | Resident Agents | NA |
| (10) | Foreign Language Ability | None |
| (11) | Administrative Advancement

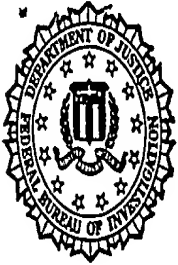
A-Is Agent interested in Administrative Advancement? | No |

msd

1. Agency and organizational designations FBI, U. S. DEPT. OF JUSTICE						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #10510 MR. NICHOLAS J. PURCHIA SA						6. Grade and salary GS 13 \$11,415					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. Now normal											
9. Pay this period											
10. Remarks:								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____											
14. Effective date 3/5/61	15. Date last equivalent increase 9/6/59	16. Old salary rate \$11,155	17. New salary rate \$11,415	18. Performance rating is satisfactory or better. <i>ex. Hoover</i> _____ (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. pri							
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____				Initials of Clerk _____							

STANDARD FORM NO. 1126d-Revised
Form prescribed by Comp. Gen., U. S.
March 5, 1957 6 GAO 8000

PAYROLL CHANGE SLIP - PERSONNEL COPY



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship	Date
		WIFE	9-7-60
Address	91 BLAUVELT STREET, TEANECK, N.J.		

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name		Relationship	Date
		WIFE	9-7-60
Address	91 BLAUVELT STREET, TEANECK, N.J.		

Very truly yours,

Nicholas J. Purchia
Special Agent

67-NOV RECORDED
8 SEP 28 1960

HEALTH BENEFITS REGISTRATION CARD
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CARRIER'S CONTROL NO.

3205918

PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use numbers)			3. Are you now married?	
	PURCH IA NICHOLAS J.		MONTH 8 DAY 28 YEAR 13			YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2	
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)		5. SEX			6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?	
91 B Laurel Street Teaneck NJ		HIGH			MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range.			UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$10,000 OR OVER <input checked="" type="checkbox"/> 4		

PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN. If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies. THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)																									
	NAME OF PLAN SAMBA HEALTH BENEFIT PLAN		OPTION (HIGH OR LOW) High																							
	ENROLLMENT CODE NUMBER 4 4 2																									
2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)																										
<table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td>1</td> <td></td> <td>6</td> </tr> <tr> <td></td> <td>2</td> <td></td> <td>7</td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td>4</td> <td></td> <td>9</td> </tr> <tr> <td></td> <td>5</td> <td></td> <td>10</td> </tr> </tbody> </table>			NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6		2		7		3		8		4		9		5		10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																							
Wife or Husband	1		6																							
	2		7																							
	3		8																							
	4		9																							
	5		10																							
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																										

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.	
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box):
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>	(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3

PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in Part B.		
	1. Enrollment code number of present plan.	2. Number of event which permits change. (See table on back of duplicate for proper number.)	3. Date of event which permits change.
			MONTH DAY YEAR

PART E ALL WHO REGISTER MUST FILL IN THIS PART.	YOUR SIGNATURE—DO NOT PRINT June 3, 1960 (DATE)		WARNING. —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION
	eRay Davidson FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON 25, D. C. (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)		6-7-60 A.M.	
			4. PAYROLL OFFICE NO. 15-02-0001	5. PAYROLL ACTION (INITIALS AND DATE)

REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.	Original sent to Data Proc 3-7-75	

REPORT OF MEDICAL EXAMINATION

88-104-01

18 MAY 61

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT ST., TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 15 MAY 61
7. SEX MALE	8. RACE CAUC	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5YRS CIVILIAN 14 1/2 YRS		10. AGENCY F.B.I.	11. ORGANIZATION UNIT
12. DATE OF BIRTH 28 AUG 13		13. PLACE OF BIRTH NEW YORK CITY, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD NYC (61-1224) 90 CHURCH ST., N.Y.C., 7, N.Y.				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(32) PROSTATE AND LOWER RECTUM ARE NEGATIVE TO DIGITAL EXAMINATION.

(36) PEE PLANUS, 3rd DEGREE, BILATERAL, ASYMPTOMATIC.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																			
O—Restorable teeth —Nonrestorable teeth		X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																																			
R I G H T	<table><tr><td>X</td><td>(</td><td>2</td><td>X</td><td>X</td><td>5)</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>X</td><td>X</td><td>X</td><td>15</td><td>X</td></tr><tr><td>X</td><td>(</td><td>31</td><td>X</td><td>29)</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>(</td><td>20</td><td>18)</td><td>17</td></tr></table>	X	(2	X	X	5)	6	7	8	9	10	11	X	X	X	15	X	X	(31	X	29)	28	27	26	25	24	23	22	21	(20	18)	17	L E F T	
X	(2	X	X	5)	6	7	8	9	10	11	X	X	X	15	X																					
X	(31	X	29)	28	27	26	25	24	23	22	21	(20	18)	17																					

CLASS # 1

OCCCLUSION NORMAL

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.021		46. CHEST X-RAY (Place, date, film number and result) NEGATIVE 15 MAY 61	
B. ALBUMIN NEGATIVE	D. MICROSCOPIC NEGATIVE		
C. SUGAR NEGATIVE	47. SEROLOGY (Specify test used and result) NEGATIVE CARDIOLIPIN	48. EKG NORMAL RECORD	49. BLOOD TYPE AND RH FACTOR NOT REQUIRED
		50. OTHER TESTS	

51. HEIGHT 67 1/4		52. WEIGHT 160		53. COLOR HAIR GRAY		54. COLOR EYES BROWN		55. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98							
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)													
A. SITTING SYS. 120 DIAS. 78		B. RECUM-BENT SYS. DIAS.		C. STANDING (3 min.) SYS. 135 DIAS. 85		D. SITTING SYS. 120 DIAS. 88		E. AFTER EXERCISE 100		F. 2 MIN. AFTER 84		G. RECUMBENT SYS. DIAS.		H. AFTER STANDING 3 MIN. SYS. DIAS.					
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION							
RIGHT 20/ 20 CORR. TO 20/						BY S. OX						J1 CORR. TO BY							
LEFT 20/ 20 CORR. TO 20/						BY S. OX						J1 CORR. TO BY							
62. HETEROPHORIA (Specify distance)																			
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.		PC		PD					
63. ACCOMMODATION				64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)				66. UNCORRECTED					
RIGHT LEFT				NEGATIVE ISHIHARA										CORRECTED					
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)						68. RED LENS TEST				69. INTRAOCULAR TENSION					
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV 15v /15 SV 15 /15				250 256 500 612 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192															
LEFT WV 15 /15 SV 15 /15				RIGHT															
				LEFT															

74 SUMMARY OF DEFECTS AND DIAGNOSES. (List diagnoses with item numbers)

(36) PES PLANUS, 3⁰, BILATERAL, ASYMPTOMATIC.

A. ☒ IS QUALIFIED FOR DUTY.
B. ☐ IS NOT QUALIFIED FOR

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

A. FALUSSY, M.D.
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 918 WAUVELT ST. TEANECK, N.J.				5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 5/15/61	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 5 YRS CIVILIAN 14 1/2		10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 1ST ARMY 90 CHURCH ST. NYC				16. OTHER INFORMATION			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) Good							

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	81	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	71	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	40	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
	45	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
SISTERS	49	GOOD			<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
							HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
PAUL	13	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
MICHAEL	11	GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 2				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT	
						26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

67-413 797-13
ENCLOSURE

map

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Jaundice 1942 - US ARMY.
Diverticulitis - no operation
Hospitalized - 3 weeks - Methodist
Hospital - 1955 -
Dr. Peter Fierz, Belton N.Y.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Mumps & whooping cough in childhood.
Diverticulitis. First noted 5 years ago. Asymptomatic.
Jaundice in 1942 in the Army & Hospitalized 2 weeks at Fort Belton, Va.
Glasses for reading.
Flat feet in the service.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

S.D. BERARDINELLI, LT., M.C.

DATE

15 May

SIGNATURE

S.D. Berardinelli

NUMBER OF ATTACHED SHEETS

68

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

PURCHIA

Last

NICHOLAS

First

JOHN.

Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

NOT REPRODUCIBLE

ENCLOSURE

47-413717-93

68

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

S. P. Serandine
 (Signature of Medical Examiner)

15 May 1961
 (Date)

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

b6
b7C

Name of Employee: NICHOLAS J. PURCHIA 10510

Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from 4/1/61 to 3/31/62

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

108

Rated by: Warren Marchessault SUPERVISOR 3/31/62
WARREN MARCHESSAULT Signature Title Date

Reviewed by: H. G. Foster IN CHARGE 3/31/62
H. G. FOSTER Signature Assistant Director Date

Rating Approved by: _____
Signature Title Date

TYPE OF REPORT

(x) Official
(x) Annual

REC-140

() Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

Search

6 APR 9 1962

3 APR 17 1962

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

66-34 10 10 10 10

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/61 to 3/31/62

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>E</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>✓</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>O</u> (b) Criminal or general investigative cases <u>O</u> (c) Fugitive cases <u>O</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>E</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): SecurityB. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
 Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

MAP

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING, MARCH 31, 1962

PART I GENERAL COMMENTS

SA PURCHIA is of average height and build. He dresses neatly and presents a fine appearance. He has a likable personality.

During the rating period this agent has been assigned cases involving the investigation of Communist front organizations. He has handled these investigations in an above-average fashion. He is considered a top-flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above-average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

By letter dated 3/13/62 the Director commended SA PURCHIA for an excellent job in the preparation of a lengthy prosecutive summary report relative to a matter of much interest to the Bureau in the security field.

RATING: EXCELLENT

11/18

PART II

SPECIFIC COMMENTS

- 1 - Justification for any minus ratings given NA
- 2 - Experience and Ability as an Inspector's Aide NA
- 3 - Participation in Informant Program

This agent, although not having developed a security informant himself, has been alert to obtain names of these individuals who appear to be good potentials for such development. These names were turned over to those agents working actively on the informant development program. In addition, this agent has assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area.

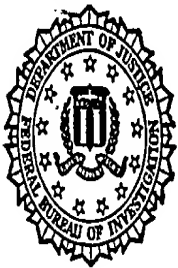
- 4 - Testifying Experience and Ability

None during rating period

- 5 - Disciplinary Action None
- 6 - Accounting Information NA
- 7 - Police Instruction NA
- 8 - Sound Training NA
- 9 - Resident Agents NA
- 10 - Foreign Language Ability None
- 11 - Administrative Advancement

A-Is agent interested in administrative advancement? No

7/18



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

WASHINGTON 25, D. C.

MAR 20 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

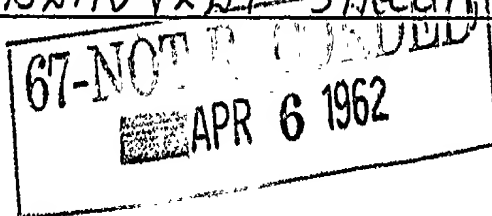
For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship	Date
		WIFE	3-16-62
Address			
91 BLAUVELT STREET, TEANECK, NEW JERSEY			

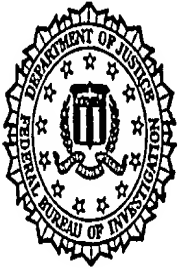
The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name		Relationship	Date
		WIFE	3-16-62
Address			
91 BLAUVELT STREET, TEANECK, NEW JERSEY			



Very truly yours,

Nicholas J. Purchia
Special Agent



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

WASHINGTON 25, D. C.
AUG 17 1961

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Nicholas J. Purchia

RE: SA _____
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

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Name	[Redacted]	Relationship	WIFE	Date	7/25/61
Address 91 BLAUVELT STREET, TEANECK, NEW JERSEY					

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name	[Redacted]	Relationship	WIFE	Date	7/25/61
Address 91 BLAUVELT STREET, TEANECK, NEW JERSEY					

NOT RECORDED
8 SEP 13 1961

Very truly yours,

Nicholas J. Purchia
Special Agent

b6
b7c

3

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT ST., TEANECK, N.J.		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 4/23/62
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 CIVILIAN 15 1/4	
10. AGENCY FBI		11. ORGANIZATION UNIT	
12. DATE OF BIRTH AUG. 28, 1913		13. PLACE OF BIRTH NEW YORK CITY	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 1st Army Dispensary, Governors Island	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

37. digital exam
tags noted.

SEARCHED	INDEXED
SERIALIZED	FILED
8 MAY 16 1962	

REC-140

39. one inch surgical scars below in ant. neck
40. Sebaceous cyst @ post thorax

ENCLOSURE (Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X's)—Fixed bridge, brackets to include abutments	
R I G H T	L E F T
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Soft Tissue—don
Class—II

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.024		46. CHEST X-RAY (Place, date, film number and result) U.S. ARMY HOSPITAL FORT JAY, N.Y. 4, N.Y. 3189	
B. ALBUMIN None		D. MICROSCOPIC None	
C. SUGAR None		E. OTHER TESTS None	
47. SEROLOGY (Specify test used and result) Negative Serology		48. EKG NORM.	
49. BLOOD TYPE AND RH FACTOR 44		50. OTHER TESTS	

MAY 21 1962

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68	52. WEIGHT 163	53. COLOR HAIR BROWN	54. COLOR EYES BROWN	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)			
A. SITTING SYS. 124 DIAS. 78	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 80	B. AFTER EXERCISE 104	C. 2 MIN. AFTER 80	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/	BY S.	OX	33	CORR. TO 31 BY 7/25	
LEFT 20/ 20	CORR. TO 20/	BY S.	OX	33	CORR. TO 31 BY 7/25	
62. HETEROPHORIA (Specify distance) 20'						
ES° 0	EX° 0	R. H. 0	L. H. 0	PRISM DIV.	PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		
RIGHT	LEFT	DOC - passed		UNCORRECTED		
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		
				69. INTRAOCULAR TENSION		
				85 - 10		
70. HEARING		71. AUDIOMETER				
RIGHT WV /15 SV /15		250 256	500 512	1000 1024	2000 2048	
LEFT WV /15 SV /15		3000 2896	4000 4096	6000 6144	8000 8192	
		RIGHT 10 10 5 5 1 16 1	10			
		LEFT 10 10 5 5 1 16 1	5			
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

DUTY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

PAUL CESARO
CAPT DC

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 918 HAUVELT ST., TEANECK, N.J.				5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 4/23/62	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 5 CIVILIAN 15 1/4	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT		
12. DATE OF BIRTH AUG. 28, 1913		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 1st Army Dispensary, Governors Island				16. OTHER INFORMATION			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD							

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	81	FAIR				X	HAD TUBERCULOSIS	
MOTHER	71	FAIR				X	HAD SYPHILIS	
SPOUSE	42	GOOD			X		HAD DIABETES	FATHER
						X	HAD CANCER	
BROTHERS AND SISTERS	45	GOOD				X	HAD KIDNEY TROUBLE	
						X	HAD HEART TROUBLE	
	49	GOOD			X		HAD STOMACH TROUBLE	FATHER
						X	HAD RHEUMATISM (Arthritis)	
CHILDREN	14	GOOD			X		HAD ASTHMA, HAY FEVER, HIVES	FATHER
	12	GOOD				X	HAD EPILEPSY (Fits)	
						X	COMMITTED SUICIDE	
						X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
	X	SCARLET FEVER, ERYSIPELAS		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS (Night sweats)		X	APPENDICITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION
X		WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS
	X	EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM
	X	CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS
	X	SINUSITIS	X		JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE
	X	HAY FEVER	X		ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:				
X		WORN GLASSES	X		ATTEMPTED SUICIDE		BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
	X	WORN AN ARTIFICIAL EYE	X		BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
	X	WORN HEARING AIDS	X		LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
	X	STUTTERED OR STAMMERED	X		COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
	X	WORN A BRACE OR BACK SUPPORT	X		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SAME				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS —		25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT, FBI		26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED

ENCLOSURE

7-413797-95

MD

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

2nd Degree Flat feet
Jaundice - U.S. Army - 1942 -
State infection
Diverticulitis 1956.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

30/UCD MS

Hospitalized 3 weeks in 1956 for diverticulitis
Had jaundice & yellow fever shot, MS
21/ glasses few months for reading.
No pain from pes planus

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINEE

DELOME B. JACOBSON
CAPT MC

DATE

25 May 62

SIGNATURE

J B Jacobson

NUMBER OF ATTACHED SHEETS

MAY 7 1962

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

N.A.

ENCLOSURE

62-413797-95

msp

REC'D Desirable Weight Ranges for Males
FBI

Height	Small Frame	Medium Frame	Large Frame
5' 4"	120 - 129	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


 (Signature of Medical Examiner)

23 Apr 62
 (Date)

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Casper

DATE: 3/8/63

FROM :

SUBJECT: NICHOLAS J. PURCHIA
SPECIAL AGENT
GS-13 @ \$12,600
IN-SERVICE CLASS #18
(ADVANCED SECURITY)
ASSIGNED NEW YORK CITY

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

b6
b7c

Confirming my telephone call, this is to advise that Special Agent Nicholas J. Purchia assigned New York City, who arrived at Quantico last night with In-Service Class #18 (Advanced Security) was notified this morning that his sister Mrs. Victoria Eanni, New Windsor, New York, has died suddenly. He requested he be permitted to return home to assist in the funeral arrangements.

He was driven to the National Airport by SA [] where he caught a commuter plane to New York City at 9:25 a. m.

Agent Purchia's home address is 91 Blauvelt St., Teaneck, New Jersey.

SA Purchia has completed only four days of his ten days' In-Service training.

RECOMMENDATIONS:

1. It is recommended this memo be forwarded to the Administrative Division in order that a letter of sympathy can be sent to Special Agent Purchia at his Teaneck address.

*Dir's Per Note
3-8-63
cmo*

2. The New York Office should be notified of Purchia's return home, and they should be instructed to have Purchia report to the FBI Academy at Quantico, Va., Friday, March 22, to resume his training with the next Advanced Security In-Service class.

*Sac adv'd
by note on 3/8/63
of let to Purchia.*

1 - Administrative Division

HLS:jms
(4)

*3-8-63
cmo*

*Noted in Voucher
sup 3/13/63
LWS*

[Signature]

3/13/63

REC-148

67-413797-96	
Searched	Numbered
9 MAR 13 1963	

1. NAME PURCHIA NICHOLAS JOHN
(LAST) (FIRST) (MIDDLE)
2. INSTALL. NEW YORK 3. DATE 3/7/63
4. TEST ALAT-1 5. _____

A	C
B	D

6. _____ 7. _____ 8. _____
9. _____ 10. _____
11. _____

P1	H	H	C	C	H
P2	H	H	C	C	H
P3	H	H	C	C	H
P4	H	H	C	C	H
P5	H	H	C	C	H
P6	H	H	C	C	H
P7	H	H	C	C	H
P8	H	H	C	C	H
P9	H	H	C	C	H
P10	H	H	C	C	H

FOR OFFICIAL USE ONLY

(when completed)

I am not presently interested.

ARMY STANDARD ANSWER SHEET

PRACTICE						TEST																																																																																																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120

67-NOT RECORDED
DA 1 AUG 56 6000

U. S. GOVERNMENT PRINTING OFFICE

10-72 643-0

54:3104

(Field Office or Division)

New York

(Date)

November 28, 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

In continuing my employment in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions.

1. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
2. That information referred to in Item 1 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows: "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I continue as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,

Nicholas J. Purchia Special Agent
(Signature and Title of Position)

NICHOLAS J. PURCHIA

67-NOT RECORDED

7 JAN 18 1963

133

3/jew



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

SEP 24 1962

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name (primary beneficiary)	Relationship	Date
[Redacted]	WIFE	9-14-62

Address

91 BLAUVELT STREET, TEANECK, N.J.

Name (contingent beneficiary, if desired)	Relationship	Date
—		

Address

b6
b7c

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary)	Relationship	Date
[Redacted]	WIFE	9-14-62

Address

91 BLAUVELT STREET, TEANECK, N.J.

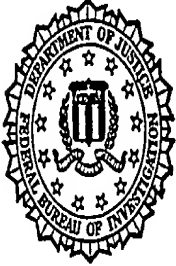
Name (contingent beneficiary, if desired)	Relationship	Date
—		

Address

Very truly yours,

Nicholas J. Purchia
Special Agent

3-amm



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.

JUL 24 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name	Relationship	Date
[Redacted]	WIFE	7/19/62

Address

91 BLAUVELT STREET, TEANECK, N. J.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name	Relationship	Date
[Redacted]	WIFE	7/19/62

Address

91 BLAUVELT STREET, TEANECK, N. J.

67-NOT RECORDED
10 AUG 28 1962

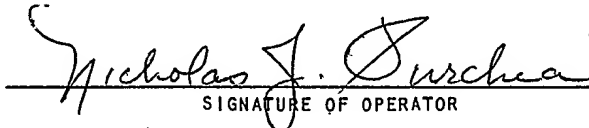
Very truly yours,

Nicholas J. Purchia
Special Agent

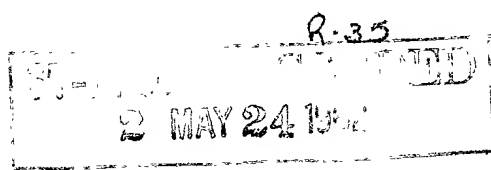
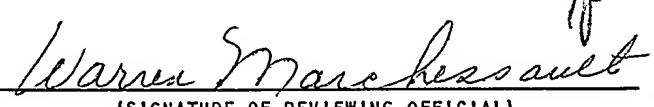
b6
b7c

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) PURCHIA, NICHOLAS J.		DATE 5-11-62
DIVISION AND SECTION ASSIGNED 41 - NEW YORK	POSITION TITLE SPECIAL AGENT	
THIS IS TO CERTIFY THAT I PRESENTLY <input checked="" type="checkbox"/> HOLD <input type="checkbox"/> DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.		
PERMIT ISSUED BY: (STATE, TERRITORY POSSESSION, DISTRICT) NEW JERSEY	PERMIT NUMBER 2589747	PERMIT EXPIRES 12/64
THIS IS AN <u>UNRESTRICTED</u> (RESTRICTED) PERMIT. (IF RESTRICTED, EXPLAIN IN ADJACENT SPACE) (STRIKE OUT ONE)		
THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY <u>30000</u> MILES. DURING THIS TIME (A) I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT BEEN HELD AT FAULT AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.		
* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.		 SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) MARCHESSAULT, WARREN	POSITION TITLE SUPERVISOR	DATE 5-11-62
THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:		
<input checked="" type="checkbox"/> CONTINUOUS SAFE DRIVING RECORD <input type="checkbox"/> INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **		
I CERTIFY THAT THIS EMPLOYEE IS:		
<input checked="" type="checkbox"/> QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS. <input type="checkbox"/> NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.		
REMARKS:		
<div style="text-align: center;">  </div>		
** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.		 (SIGNATURE OF REVIEWING OFFICIAL)

1. Agency and organizational designations FBI						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #10510 MR. NICHOLAS J. PURCHIA SA						6. Grade and salary GS 13 \$11,675					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:						11. Appropriation(s)			12. Prepared by		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date 9-2-62	15. Date last equivalent increase 3-5-61	16. Old salary rate \$11,415	17. New salary rate \$11,675	18. Performance rating, satisfactory or better.							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Signature or other authentication) <input checked="" type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.							
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP				Initials of Clerk 3/pbl							

STANDARD FORM NO. 1126d
6 GAO 8000
1126-507

PAYROLL CHANGE SLIP — PERSONNEL COPY

NOT RECORDED
AUG 30 1962

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6
b7c

Name of Employee: NICHOLAS J. PURCHIA #10510

Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1962 to MARCH 31, 1963

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
InitialsWMP

Rated by: Warren Marchessault SUPERVISOR 3/31/63
WARREN MARCHESSAULT Signature Title Date
Reviewed by: John F. Malone ASSISTANT DIRECTOR 3/31/63
JOHN F. MALONE Signature Title Date
Rating Approved by: [Signature] Assistant Director APR 4 1963
Signature Title Date

TYPE OF REPORT

(XX) Official
(X) Annual

REC-150

67-413 797-97	
Searched	Numbered 75
Administrative APR 2 1963	
() 60-Day	
() 90-Day	
() Transfer	
() Separation from Service	
() Special	

APR 8 1963

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

63-37

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/62 to 3/31/63

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|--|--|
| <p><u>E</u> (1) Personal appearance.</p> <p><u>+</u> (2) Personality and effectiveness of his personal contacts.</p> <p><u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).</p> <p><u>E</u> (4) Physical fitness (including health, energy, stamina).</p> <p><u>+</u> (5) Resourcefulness and ingenuity.</p> <p><u>+</u> (6) Forcefulness and aggressiveness as required.</p> <p><u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.</p> <p><u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.</p> <p><u>+</u> (9) Planning ability and its application to the work.</p> <p><u>+</u> (10) Accuracy and attention to pertinent detail.</p> <p><u>+</u> (11) Industry, including energetic, consistent application to duties.</p> <p><u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.</p> <p><u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.</p> <p><u>E</u> (14) Technical or mechanical skills.</p> <p><u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>O</u> (b) Criminal or general investigative cases <u>O</u> (c) Fugitive cases <u>O</u> (d) Applicant cases <u>O</u> (e) Accounting cases </p> <p><u>E</u> (16) Physical surveillance ability.</p> | <p><u>E</u> (17) Firearms ability.</p> <p><u>+</u> (18) Development of informants and sources of information.</p> <p><u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) </p> <p><u>O</u> (20) Performance as a witness.</p> <p><u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results </p> <p><u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant </p> <p><u>+</u> (23) Organizational interest, such as making of suggestions for improvement.</p> <p><u>+</u> (24) Ability to work under pressure.</p> <p><u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability _____ _____ _____ </p> |
|--|--|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): _____

SECURITY

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): _____

INVESTIGATOR

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? XXX Yes No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS NP

Outstanding, Excellent, Satisfactory, Unsatisfactory

GS-13

NICHOLAS J. PURCHIA
Special Agent

\$12,610

ANNUAL PERFORMANCE RATING
March 31, 1963

PART I

GENERAL COMMENTS

Special Agent Nicholas J. Purchia is of average height and build. He dresses in a neat manner and presents a well groomed appearance. He has a likeable personality and gets along well with his fellow employees.

Agent Purchia has been assigned cases involving investigation of Communist front organizations during the rating period. He has shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is very enthusiastic and a hard worker. He is the type of agent who constantly applies himself to the best of his ability in any given situation. He readily accepts responsibility and discharges such with no supervision required. He is capable of handling the most complicated investigative matters and produces excellent results. The quality and quantity of the work handled by this agent have always been very high. He is capable of participating in raids and dangerous assignments.

RATING: EXCELLENT *WAP*

PART II

SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN: NA
2. EXPERIENCE AND ABILITY AS AN INSPECTOR'S AIDE: NA
3. PARTICIPATION IN INFORMANT PROGRAM:

This agent assisted another agent in connection with the development of one informant. Further, he has turned over several names to agents working full time on the informant development program in an effort to develop additional informants.
4. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period
5. DISCIPLINARY ACTION: NONE
6. ACCOUNTING INFORMATION: NA
7. POLICE INSTRUCTION: NA
8. SOUND TRAINING: NA
9. RESIDENT AGENTS: NA
10. FOREIGN LANGUAGE ABILITY: NONE
11. ADMINISTRATIVE ADVANCEMENT:

A. Is agent interested in administrative advancement? NO

DEC 3 10 23 AM '83

DEC 4 1983 DIA

247

SAC New York City

April 2, 1963

Director, FBI

Nicholas J. Purchia
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 3/4/63
3/22/63 to 3/7/63
3/29/63

☐ Criminal☐ Accounting☒ Security☐ Expert Firearms-Defensive Tactics☐ Basic☒ Advanced☐ _____

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained.

Notebook _____	
Examination _____	
Shotgun Course #2 _____	12/25
Rifle _____	84
Machine Gun _____	94

Specialized Training:

	From	To
Admin. Firearms: _____	_____	_____
_____ :	_____	_____

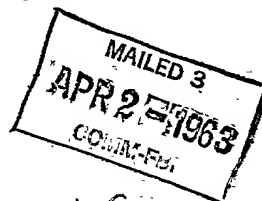
Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad 1-SA
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

NICHOLAS J. PURCHIA
NEW YORK CITY

HLS:pab

(3)

APR 3 1963
MAIL ROOM ☐ TELETYPE UNIT ☐



49

March 8, 1963

Mr. Nicholas J. Purchia
91 Blauvelt Street
Teaneck, New Jersey

Dear Mr. Purchia:

I am sorry to learn of the passing of your sister, and want to express my sincere sympathy to you and your family.

It is my earnest hope that you will find some solace in knowing that your friends and associates in the FBI are thinking of you.

Please do not hesitate to call on me if there is any way that I can be of assistance.

Sincerely,
J. Edgar Hoover

NOT RECORDED

MAR 8 5 09 PM '63
REC'D-READING ROOM
FBI

MAILED 20
MAR 8 1963
COMM-FBI

1 - SAC, New York (Personal Attention)
SA Purchia returned to his home 3-8-63 due to the death of his sister, Mrs. Victoria Eanni. Instruct Purchia to report to the FBI Academy at Quantico, Virginia, Friday, 3-22-63, to resume his training with the next Advanced Security In-Service class.

1 - SAC, Quantico (Personal Attention)
1 - Mr. Casper (Personal Attention)

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

CMB
(6)

MAIL ROOM ☐ TELETYPE UNIT ☐

RECEIVED DIRECTOR

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) 91 BLAUVELT ST., TEANECK, N.J.		5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION 4-9-63
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY FBI
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8/28/13	
13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U.S. Army Hospital H. Jay New York N.Y.		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
(Check each item in appropriate column; enter "NE" if not evaluated.)	
18. HEAD, FACE, NECK AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	X
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	X
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(32) Dig rect. exam. neg.
Blight anal mucosal prolapse NS

(36) Pes Plano 2°; flat; NS

ENCLOSURE
REC-137
67-413797-98
Searched
2 JUN 4 1963
Numbered
67

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Br. serv. D.V. serv. Peder. med cl3
O—Restorable teeth (—) Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (B.N.B.)—Fixed bridge, brackets to include abutments		
R I G H T	1 (2) 3 (4) 5 (6) 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 (20) 19 18 17	L E F T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.021		46. CHEST X-RAY (Place, date, film number and result) (10099) neg.	
B. ALBUMIN neg.	D. MICROSCOPIC	47. BLOOD TYPE AND RH FACTOR	
C. SUGAR neg.	48. EKG WNL	49. OTHER TESTS	
50. SEROLOGY (Specify test used and result) neg.		51. OTHER TESTS	

JUN 1 1960

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68"		52. WEIGHT 165		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98.6																														
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																				
A. SITTING SYS. 140 DIA. 90		B. RECUMBENT SYS. DIA.		C. STANDING (3 min.) SYS. DIA.		A. SITTING 78		B. AFTER EXERCISE 83		C. 2 MIN. AFTER 78		D. RECUMBENT		E. AFTER STANDING 3 MIN.																												
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																		
RIGHT 20 CORR. TO 20				BY S. OX				J2 CORR. TO J1				BY +0.75																														
LEFT 20 CORR. TO 20				BY S. OX				J3 CORR. TO J1				BY +0.75																														
62. HETEROPHORIA (Specify distance) 20'																																										
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD																												
0		0		0		0																																				
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																														
RIGHT				PROC. passed								CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION		FTN																												
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV /15 SV /15				<table border="1"> <tr> <td></td> <td>250 258</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>20</td> <td>20</td> </tr> <tr> <td>LEFT</td> <td>10</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>35</td> <td>10</td> <td>10</td> </tr> </table>									250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	10	10	10	10	10	10	20	20	LEFT	10	5	5	5	5	35	10	10				
	250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																																		
RIGHT	10	10	10	10	10	10	20	20																																		
LEFT	10	5	5	5	5	35	10	10																																		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NSA

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

QUALITY ACCEPTABLE

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

W. SCHENKER, M.D.

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER PROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME - FIRST NAME - MIDDLE NAME FURCHIA NICHOLAS JOHN		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT ST TEANECK, N.J		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 4/9/63
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 CIVILIAN 16 1/2	10. AGENCY FBI
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8/28/13	
13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS FT. JAY - US ARMY HOSPITAL		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	82	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	72	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	40	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
						<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS	47	Good				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
SISTERS			RHEUMATIC HEART	51	<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
PAUL	14	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
MICHAEL	12	GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER				B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SAME				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 16 1/2				25. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT			
								26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

67-413797-98

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Had jaundice in World War II - due to State Serum
Had diverticulitis - Hospitalized
Recovered

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: **PURCHIA NICHOLAS JOHN** SIGNATURE: *Nicholas J. Purchia*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)
Infectious hepatitis & jaundice 1942. Hospitalized several weeks, well since.

In 1956 there was a diagnosis of diverticulitis. Treated conservatively for about one month, well since.

OTHERS NOT SIGNIFICANT

TYPED NAME OF PHYSICIAN OR EXAMINER: **SCHENKER, M.D.** SIGNATURE: *ASchen* NUMBER OF ATTACHED SHEETS: **1**

49

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

NOT APPLICABLE

67-413797-98 107

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

JUN 6 10 05 AM '63

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Ad Schenker MD
(Signature of Medical Examiner)

9 Apr. '63
(Date)



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI, who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>3/19/63</u>	<u>NEW YORK</u>
The following person is designated as my beneficiary for Special Agents Insurance Fund:		
Name (primary beneficiary; use given first name if female)	Relationship	
<u>[Redacted]</u>	<u>WIFE</u>	
Address <u>91 Blaauvelt Street, Teaneck, N.J.</u>		
Name (contingent beneficiary, if desired; use given first name if female)	Relationship	
<u>-----</u>	<u>-----</u>	
Address <u>-----</u>		

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>Wife</u>
Address <u>91 Blaauvelt Street, Teaneck, N.J.</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>-----</u>	<u>-----</u>
Address <u>-----</u>	

Very truly yours,

Payment Received
Special Agents Insurance Fund

APR 2 1963

J. Edgar Hoover, Director

Nicholas J. Purchia
Special Agent

3-22-63

October 10, 1968

Mr. John F. Malone
Federal Bureau of Investigation
New York, New York

Dear Mr. Malone:

I am pleased to commend, through you, the agents in the New York Division who contributed so effectively to the contacts of several highly confidential sources of information of much value to the Bureau in the security field.

The success achieved could not have been attained without the able assistance of the men who participated. The enthusiasm and teamwork exhibited were of the highest caliber and I want you to convey to all my appreciation for a job well done.

Sincerely yours,

1 - SAC, New York (Personal Attention)

Re: Communist Party, USA, Internal Security-C
Based on information submitted, Bureau has concluded individual letters of commendation as you recommended are not warranted. Place a copy of this letter in files of participating personnel.

1 - [redacted] (Cont Direct)

CRS:ks

(10)

Based on memo Baumgardner to Sullivan 10-1-68 and addenda Mr. Sullivan 10-9-68 and Administrative Division 10-9-68 re: "Communist Party, USA, Internal Security-Communist."

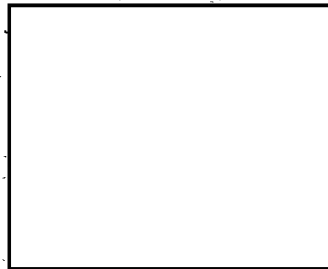
67-NOT RECORDED

1 NOV 12 1968 Copies prepared and attached for files of:

(Over)

b6
b7c

John F. Malone
VII - New York



Nicholas J. Gurnea



b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 2/28/64

JFM
FROM : SAC, NEW YORK

SUBJECT: SA NICHOLAS J. PURCHIA

ld Authority has been granted to SA PURCHIA to use his personally owned revolver, which is described as follows:

Date of Authority: 2/28/64

Make:

Smith & Wesson

Type:

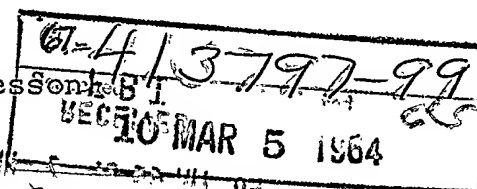
Bodyguard

Caliber:

.38

Serial No.:

340696



- ② - Bureau
- 1 - New York
- WM:IM
- (3) -

REC-131

Noted in file 3/4/64
mas

8 MAR 9 1964



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

7/23/63

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>7/23/63</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>WIFE</u>
Address <u>91 BLAUVELT STREET, TEANECK, N.J.</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>—</u>	<u>—</u>
Address <u>—</u>	

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>WIFE</u>
Address <u>91 BLAUVELT STREET, TEANECK, N.J.</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>—</u>	<u>—</u>
Address <u>—</u>	

Very truly yours,

Payment Received
Special Agents Insurance Fund

AUG 12 1963

Nicholas J. Purchia
Special Agent

67-NOTED
J. Edgar Hoover, Director
84 SEP 12 1963

3-ecd

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/29/63

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION

☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination _____ 4/9/63
☒ Dental work was completed on _____ 5/27/63
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

3 ENCLOSURE
1 feb
a auto call

EJM:ad
(2)

6 JUN 13 1963

NOT RECORDED-2

THREE
Jey

67

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICEb6
b7c

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT GS-13Rating Period: from April 1, 1963 to March 31, 1964ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials*WMS*Rated by: Warren Marchessault SUPERVISOR 3/31/64
Signature Title Date

WARREN MARCHESSAULT

Reviewed by: John F. Malone ASSISTANT DIRECTOR 3/31/64
Signature Title Date

JOHN F. MALONE

Rating Approved by: [Signature] Assistant Director APR 9 1964
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative☐ 60-Day☐ 90-Day☐ Transfer☒ Separation from Service☐ Special61-413797-100-
10 APR 8 1964 2335
8 APR 16 1964

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/63 to 3/31/64

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>E</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>✓</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability _____ |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>O</u> (b) Criminal or general investigative cases <u>O</u> (c) Fugitive cases <u>O</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>E</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): _____

SECURITY

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): _____

INVESTIGATOR

- Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 - Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

EXCELLENTADJECTIVE RATING: _____
Outstanding, Excellent, Satisfactory, UnsatisfactoryEMPLOYEE'S INITIALS NP

PART I

GENERAL COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a fine personality and is well liked by his fellow employees.

2. ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS:

This Agent is capable of handling the more complicated investigative matters.

3. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This Agent is able to participate in raids and dangerous assignments.

4. ANY LIMITATIONS ON AVAILABILITY; ANY PHYSICAL LIMITATIONS AFFECTING PERFORMANCE:

None.

5. SUMMARY OF INCENTIVE AWARDS AND COMMENDATIONS:

The Director by letter dated October 16, 1963, commended Agents of the NYO who contributed so effectively in the contacts of several highly confidential sources of information of much value to the Bureau in the security field. SA PURCHIA participated in this

6. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE: assignment.

This Agent has been assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He has shown above-average amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is the type of Agent who constantly gives his very best to his investigative efforts and is always available for extra assignments. He readily accepts responsibility and discharges

RATING: EXCELLENT

ndp

6. (Cont.)

such with a minimum of supervision. He is a very loyal employee and of the type that can be depended upon to do an outstanding job.

MAP

PART II

SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:

NA

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

3. PARTICIPATION IN INFORMANT PROGRAMS:

Although this Agent has not developed any informants during the rating period, it must be understood that he has the type of cases which present almost an unsurmountable problem in developing

4. TESTIFYING EXPERIENCE AND ABILITY: (See next page)

None during rating period.

5. DISCIPLINARY ACTION: (Including items taken into consideration on rating guide and check list.)

None

6. ACCOUNTING INFORMATION:

NA

7. POLICE INSTRUCTION:

NA

8. SOUND TRAINING:

NA

MP

3. (Cont.)

informants. He has interviewed and assisted in interviews of numerous individuals for the purpose of developing an informant but this has met with negative results. He is very alert to the need for informants and is expending appropriate effort along this line.

2008

9. RESIDENT AGENTS:

NA

10. FOREIGN LANGUAGE ABILITY:

None

11. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. Yes___ No___ No___
- (b) Agent is completely available for administrative advancement. Yes___ No___
- (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. Yes___ No___
- (d) If answer to (c) is "yes," Agent's qualifications considered very good___, excellent___, outstanding___.
- (e) If answer to (c) is "no," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) Yes___ No___

not



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner:

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA	2/6/64	NEW YORK

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[REDACTED]	WIFE

Address	
91 BLAUVELT STREET, TEANECK, NEW JERSEY	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[REDACTED]	WIFE

Address	
91 BLAUVELT STREET, TEANECK, NEW JERSEY	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Nicholas J. Purchia
Special Agent

Payment Received
Special Agents Insurance Fund

FEB 18 1964

67-NOT RECORDED
J. Edgar Hoover, Director
2 MAR 4 1964

3-ecq

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION —		3. IDENTIFICATION NO. —	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) —			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 3-16-64	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 CIVILIAN 17 1/4		10. AGENCY POB	11. ORGANIZATION UNIT —	
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN —		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAM F. 2 AM				16. OTHER INFORMATION —		
17. RATING OR SPECIALTY —				TIME IN THIS CAPACITY (Total) —		LAST SIX MONTHS —

CLINICAL EVALUATION	
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)
	18. HEAD, FACE, NECK AND SCALP
	19. NOSE
	20. SINUSES
	21. MOUTH AND THROAT
	22. EARS—GENERAL (Int & ext canals, Auditory acuity under items 70 and 71)
	23. DRUMS (Perforation)
	24. EYES—GENERAL (Visual acuity and refraction under items 70, 60 and 62)
	25. OPHTHALMOSCOPIC
	26. PUPILS (Equality and reaction)
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
	28. LUNGS AND CHEST (Include breasts)
	29. HEART (Thrust, size, rhythm, sounds)
	30. VASCULAR SYSTEM (Varicosities, etc)
	31. ABDOMEN AND VISCERA (Include hernia)
	32. ANUS AND RECTUM (Hemorrhoids, rectal, Prostate if indicated)
	33. ENDOCRINE SYSTEM
	34. G-U SYSTEM
	35. UPPER EXTREMITIES (Strength, range of motion)
	36. FEET
	37. LOWER EXTREMITIES (Except feet, Strength, range of motion)
	38. SPINE, OTHER MUSCULOSKELETAL
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS
	40. SKIN, LYMPHATICS
	41. NEUROLOGIC (Pathologic tests under item 42)
	42. PSYCHIATRIC (Mental status and personality disorders)
	43. PELVIC (Females only; Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(32) Dig rect. exam. neg
injection of hemorrhoids, N.S.

(36) Lungs 2°-3° bilat. R>L

67-413 797-101	
Searched	Numbered 37
4 JUN 2 1964	

ENCLOSURE

REC-132

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth —Nonrestorable teeth																	
X—Missing teeth XXX—Replaced by dentures																	
45. URINALYSIS A. SPECIFIC GRAVITY 1.022																46. CHEST X RAY (Place, date, film number and remarks) 15969 dig 16 Mar 64	
B. ALBUMIN 2+																	
C. SUGAR 2+																	
47. SEROLOGY (Specify test used and result) 35 CARDIOLIPIN NEGATIVE																49. BLOOD TYPE AND RH FACTOR 12/11 L	
48. EKG 12/11 L																	
50. OTHER TESTS																	
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 T																7 C C	
LABORATORY FINDINGS																	
45. URINALYSIS A. SPECIFIC GRAVITY 1.022																	

10 MAR 1964

JUN 5 1960

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68"		52. WEIGHT 164		53. COLOR HAIR Br grey		54. COLOR EYES Br		55. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.4"	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 135 DIAS. 85		B. RECUMBENT SYS. 135 DIAS. 85		C. STANDING (3 min.) SYS. 135 DIAS. 85		A. SITTING 80		B. AFTER EXERCISE 102		C. 2 MIN. AFTER 84	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/		CORR. TO 20/		BY S. OX		J3		CORR. TO J1		BY +1.00	
LEFT 20/		CORR. TO 20/		BY S. OX		J3		CORR. TO J1		BY +1.00	
62. HETEROPHORIA (Specify distance) 20"											
ES° 2		EX° 0		R. H. 0		L. H. 10		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED				CORRECTED	
RIGHT		AOC - passed									
LEFT											
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION				FT N	
70. HEARING		71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV /15 SV /15		250 500 1000 2000 3000 4000 6000 8000									
		250 500 1000 2000 3000 4000 6000 8000									
LEFT WV /15 SV /15		RIGHT 5 5 5 5 5 5 5 5									
		LEFT 5 5 5 5 5 5 5 5									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

N S A

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

MEDICALLY ACCEPTABLE

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN M.D.

SIGNATURE

A. W. SCHENKER

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

Sheldon Wultz, Capt. DC

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

50-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT STREET, TEANECK, N.J.			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 3-16-64	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 CIVILIAN 17 1/4		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-28-13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAH. Ft. JAY				16. OTHER INFORMATION		
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)						

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YLS	NO	(Check each item)	RELATION(S)
FATHER	83	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	73	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	42	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
	48	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS AND SISTERS					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	
					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	SISTER
		SISTER	RHEUMATIC HEART	51	<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
							HAD RHEUMATISM (Arthritis)	
CHILDREN	16	GOOD			<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
	14	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	
20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES
21. HAVE YOU EVER (Check each item)					22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE			AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER			INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD			DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		bled excessively after injury or tooth extraction			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			25. WHAT IS YOUR USUAL OCCUPATION?		
						26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLD? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

*Diverticulitis - May, 1956.
Hospitalized - about 2 weeks.*

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

*usual childhood infections. no sequelae.
wears glasses for reading.
History of diverticulitis for which he was hospitalized
2 weeks in 1956. No recurrence.
Dysent. hepatitis & jaundice 1942. No sequelae*

OTHERS NOT SIGNIFICANT

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINEE

A. W. SCHENKER, M.D.

DATE

15 Mar. '64

SIGNATURE

A. W. Schenker

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical ExaminerName of Examinee
(Type or print)

PURCHIA NICHOLAS JONNY
Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☐ No ☐ Yes If "yes" please specify defects. _____
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

na

ENCLOSURE

67-413 797-101

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

JUN 11 12 00 PM '64

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

AW Schenke / MD
(Signature of Medical Examiner)

16 Mar, 64
(Date)

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICEb6
b7C

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA 069-16-6407Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT GS-13Rating Period: from APRIL 1, 1964 to MARCH 31, 1965ADJECTIVE RATING: EXCELLENT Employee's
Outstanding, Excellent, Satisfactory, Unsatisfactory InitialsWMPRated by: Warren Marchessault SUPERVISOR 3/31/65
WARREN MARCHESSAULT Signature Title DateReviewed by: John F. Malone ASSISTANT DIRECTOR 3/31/65
JOHN F. MALONE Signature Title DateRating Approved by: W. P. Callahan Assistant Director APR 5 1965
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service

REC-143

67-413797-102	92
Searched	8 APR 2 1965

APR 7 1965

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIATitle SPECIAL AGENT, GS-13Rating Period: from 4/1/64 to 3/31/65

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>+</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>O</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases | |
| <u>E</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

INVESTIGATOR

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave for illness) during rating period than the record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT
 Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS NP

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a likeable personality and meets people well.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Although this Agent has not participated in raids and dangerous assignments, he is capable of doing so.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Agent Purchia has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. This agent is far above the average. He is well experienced in this type of investigation and does a superior job on all the cases he investigates. He is above the average in initiative, resourcefulness, force and aggressiveness. He is most loyal and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He readily accepts responsibility. He is capable of handling the most complicated investigative matters with a minimum amount of supervision. He is an extremely loyal agent and can always be depended upon to do an outstanding job. He is the type of agent that a supervisor enjoys having on his section when the work gets heavy and the job gets tough.

164

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

None

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent is handling the type of cases concerning which the development of informants is most difficult. He has made diligent efforts and has been successful in developing a Panel Source.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY: None

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>3-10-65</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship	b6 b7C
<u>[REDACTED]</u>	<u>WIFE</u>	

Address	
<u>91 BLAUVELT STREET, TEANECK, N. J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>[REDACTED]</u>

Address	
<u>[REDACTED]</u>	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>[REDACTED]</u>

Address	
<u>[REDACTED]</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>[REDACTED]</u>

Address	
<u>[REDACTED]</u>	

Payment Received
Special Agents Insurance Fund

MAR 13 1965

12 J. Edgar Hoover, Director

Very truly yours,

Nicholas J. Purchia
Special Agent

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
---------------------------	------------------------

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	<input type="checkbox"/> OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			<i>J. Edgar Hoover</i>

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
21 SEP 9 1964

J. Edgar Hoover

(DATE)

JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

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EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>5-22-64</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<u>WIFE</u>

Address	
<u>91 BLAUVELT STREET, TEANECK, N.J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	

Address	
[Redacted]	

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<u>WIFE</u>

Address	
<u>91 BLAUVELT STREET, TEANECK, N.J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	

Address	
[Redacted]	

Very truly yours,

Nicholas J. Purchia
Special Agent

Payment Received
Special Agents Insurance Fund

MAY 23 1964

J. Edgar Hoover, Director

135
RECORDED
2 JUN 17 1964

3-ecd

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/28/64

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: SA NICHOLAS J. PURCHIA

☐ Remylet _____
☐ ReBulet _____

- ☒ Re physical examination 3/16/64 _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

- ☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Mild external hemorrhoids. Not significant.
Pes Planus, 2-3° - bilateral.

Enc - 1

EJM:AHD
(2)

ENCLOSURE

67-NOT RECORDED

10 JUN 8 1964

bN

REPORT OF MEDICAL EXAMINATION

89-109

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION —		3. IDENTIFICATION NO. —	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT STREET, TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 3-1-65	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 yrs-2 mos CIVILIAN 18 yrs-2 mos		10. AGENCY FBI	11. ORGANIZATION UNIT —	
12. DATE OF BIRTH 8-25-13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN —		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAH, FT. JAY				16. OTHER INFORMATION —		
17. RATING OR SPECIALTY —				TIME IN THIS CAPACITY (Total) —		LAST SIX MONTHS —

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	19. NOSE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	20. SINUSES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 68, 80 and 82)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	34. G-U SYSTEM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	36. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	<input checked="" type="checkbox"/>
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(32) Proctologic and lower rectum are negative to digital examination. External hemorrhoids as symptomatic.

EC-140

67-413797-103
SEARCHED INDEXED
1 APR 19 1965
NEW YORK - 92

2 INCEDSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
/—Nonrestorable teeth

X—Missing teeth
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	
H																	
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NEC

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.029		46. CHEST X-RAY (Age, film number and result) 21 Neg 1 Mar 65	
B. ALBUMIN NEG	D. MICROSCOPIC NEG		
C. SUGAR NEG			
47. SEROLOGY (Specify test used and result) CARDIOLIPIN	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR —	50. OTHER TESTS —

9 APR 23 1965

MEASUREMENTS AND OTHER FINDINGS																							
51. HEIGHT 67"		52. WEIGHT 161		53. COLOR HAIR Brown		54. COLOR EYES Brn.		55. BUILD: (Check one)		56. SLENDER	56. MEDIUM	56. HEAVY	56. OBESSE	57. TEMPERATURE 98°									
58. BLOOD PRESSURE (Arm at heart level)						59. PULSE (Arm at heart level)																	
A. SITTING SYS. 120 DIAS. 80		B. RECUM-BENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 88		B. AFTER EXERCISE 105		C. 2 MIN. AFTER 93		D. RECUM-BENT		E. AFTER STANDING 3 MIN.									
60. DISTANT VISION				61. REFRACTION				62. NEAR VISION															
RIGHT 20/20		CORR. TO 20/		BY		S.		CX		JH		CORR. TO 20/		BY 225									
LEFT 20/20		CORR. TO 20/		BY		S.		CX		JH		CORR. TO 20/		BY 225									
63. HETEROPHORIA (Specify distance) 20'																							
ES° 0		EX° 0		R. H. 0		L. H. 0		PRISM DIV.		PRISM CONV. CT		PC		PD									
64. ACCOMMODATION				65. COLOR VISION (Test used and result)				66. DEPTH PERCEPTION (Test used and score)				67. UNCORRECTED											
RIGHT LEFT				17/2000 test = passed								CORRECTED											
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. RED LENS TEST				71. INTRAOCULAR TENSION											
												FTN											
72. HEARING				73. AUDIOMETER								74. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
RIGHT WV		/15 SV		/15		250 \$58		500 \$12		1000 1084		2000 2048		3000 2896		4000 4096		6000 6144		8000 8192			
LEFT WV		/15 SV		/15		5		0		0		0		30		10		40		30			
75. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																							

(Use additional sheets if necessary).

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76.	A. PHYSICAL PROFILE
-----	---------------------

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR:

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

20. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY: _____

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103-01

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION —		3. IDENTIFICATION NO. —				
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT STREET, TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 3-1-65				
7. SEX M		8. RACE W		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 YRS 2 MOS CIVILIAN 18 YRS 2 MOS		10. AGENCY FBI		11. ORGANIZATION UNIT —	
12. DATE OF BIRTH 8-28-13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN —					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAH, FT. JAY				16. OTHER INFORMATION —					

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

GOOD

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	84	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	74	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	43	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
BROTHERS	47	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS		SISTER	RHEUMATIC HEART	51	<input checked="" type="checkbox"/>		HAD HEART TROUBLE	SISTER
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
CHILDREN	17	GOOD			<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	
	15	GOOD			<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
					<input checked="" type="checkbox"/>		HAD EPILEPSY (Fits)	
					<input checked="" type="checkbox"/>		COMMITTED SUICIDE	
					<input checked="" type="checkbox"/>		BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY A. HAVE YOU EVER—

<input checked="" type="checkbox"/>	BEEN PREGNANT
<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE
<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER
<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION
<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING.

AGE AT ONSET OF MENSTRUATION
INTERVAL BETWEEN PERIODS
DURATION OF PERIODS
DATE OF LAST PERIOD
QUANTITY. <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

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YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

*Dysarthria - May, 1956
Has persisted about 2 weeks*

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE NICHOLAS J. PURCHIA	SIGNATURE <i>Nicholas J. Purchia</i>
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40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Interim medical history since the last annual examination has been essentially negative.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER DR. FRANCIS J. MALLS	DATE 11/1/56	SIGNATURE <i>Francis J. Malls</i>	NUMBER OF ATTACHED SHEETS 2
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Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

PURCHIA NICHOLAS JOHN
Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

na

67-413797-103

ENCLOSURE

[Handwritten mark]

REC'D - ADMIN. DIV.
APR 21 12 30 PM '65

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	118 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

V. D. James MD
(Signature of Medical Examiner)

12 MAR 65
(Date)

REPORT OF MEDICAL EXAMINATION

13-100

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA Nicholas John			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.				
4. HOME ADDRESS (Number, street, P.O. box or town, town and State) 91 BLAUVELT ST APT 2 EAST ROCK, N.Y.			5. PURPOSE OF EXAMINATION APPROVAL + PHYSICIAN		6. DATE OF EXAMINATION 2-12-66				
7. SEX M		8. RACE W		9. TOTAL YEARS GOVERNMENT SERVICE 15		10. AGENCY FDI		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-28-19		13. PLACE OF BIRTH NEW YORK CITY, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAID, FORT HAMILTON, NY				16. OTHER INFORMATION					
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Yr/Mo)		LAST SIX MONTHS			

CLINICAL EVALUATION			NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	(Check each item in appropriate column; enter "UNE" if not evaluated.)	ABNO- MAL	
	18. HEAD, FACE, NECK AND SCALP		32. Ext hemorrhoids - mild
	19. NOSE		
	20. SINUSES		
	21. MOUTH AND THROAT		
	22. EARS—GENERAL (Int. & ext. Ear) (Auditory acuity under items 29 and 31)		
	23. DRUMS (Perforation)		
	24. EYES—GENERAL (Visual acuity and refraction under items 25, 26 and 27)		
	25. OPHTHALMOLOGIC		
	26. PUPILS (Equality and reaction)		
	27. OCULAR MOTILITY (Associated, isolated, movements, nystagmus)		
	28. LUNGS AND CHEST (Include breaths)		
	29. HEART (Thrust, size, rhythm, sounds)		
	30. VASCULAR SYSTEM (Vasculature, etc.)		
	31. ABDOMEN AND VISCERA (Include hernia)		39. 5' 8" tall 64/13792-104 NEG 132 DATE ENCLOSURE (Continue in item 73)
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Treatable, if indicated)		
	33. ENDOCRINE SYSTEM		
	34. G-U SYSTEM		
	35. UPPER EXTREMITIES (Strength, range of motion)		
	36. FEET		
	37. LOWER EXTREMITIES (Strength, range of motion)		
	38. SPINE, OTHER MUSCULOSKELETAL		
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
	40. SKIN, LYMPHATICS		
	41. NEUROLOGIC (Constitution tests under item 72)		
	42. PSYCHIATRIC (Specify any personality deviation)		
	43. PELVIC (Females only) (Check appropriate) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																											
O—Restorable teeth (—Nonrestorable teeth) X—Missing teeth XXX—Replaced by dentures (X X S)—Fixed bridge, brackets to include abutments																																																																													
<table border="1"><tr><td>U</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr><tr><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>L</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td></tr></table>		U	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		X	X	X	X	X																				L	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	4/1 acceptable
U	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24																																																					
	X	X	X	X	X																																																																								
L	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																																																					
45. URINALYSIS: A. SPECIFIC GRAVITY 1.020 B. ALBUMIN NEG C. SUGAR NEG 47. SEROLOGY (Specify test used and result) CMF NEG NSA		46. CHEST X-RAY (Place, date, film number and result) USA DISF FT HAMILTON, BROOKLYN NY. C-32747 NEG 3 Feb 66 48. EKG 49. BLOOD TYPE AND RH FACTOR 50. OTHER TESTS																																																																											

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020 B. ALBUMIN NEG C. SUGAR NEG 47. SEROLOGY (Specify test used and result) CMF NEG NSA		46. CHEST X-RAY (Place, date, film number and result) USA DISF FT HAMILTON, BROOKLYN NY. C-32747 NEG 3 Feb 66 48. EKG 49. BLOOD TYPE AND RH FACTOR 50. OTHER TESTS	
--	--	---	--

3 MAR 24 1966 136

MAJ

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>68</i>	52. WEIGHT <i>164</i>	53. COMB. HAIR <i>Gray</i>	54. COLOR EYES <i>Blue</i>	55. BUILD (Check one) <i>Slender</i>	56. SLENDER	57. MEDIUM	58. HEAVY	59. OBESE	60. TEMPERATURE
57. BLOOD PRESSURE (Arms at heart level)					58. PULSE (Arms at heart level)				
A. SITTING SYS. <i>124</i> DIA. <i>80</i>		B. RECUMBENT SYS. <i>80</i> DIA. <i>50</i>		C. STANDING (3 min.) SYS. <i>70</i> DIA. <i>50</i>		D. AFTER EXERCISE SYS. <i>90</i> DIA. <i>64</i>		E. AFTER STANDING 3 MIN.	
59. DISTANT VISION					60. REFRACTION				
RIGHT 20/ <i>20</i>		CORR. TO 20/ <i>20</i>		BY <i>S</i>		CX <i>S</i>		CORR. TO <i>20</i>	
LEFT 20/ <i>20</i>		CORR. TO 20/ <i>20</i>		BY <i>S</i>		CX <i>S</i>		CORR. TO <i>20</i>	
62. HETEROPHORIA (Specify distance)					63. ORTHOPHORIA				
ES°		EX°		R. H.		L. H.		PRISM DIV.	
PC		CT		PRISM CONV.		CT		PC	
64. ACCOMMODATION					65. COLOR VISION (Test used and result)				
RIGHT LEFT					66. DEPTH PERCEPTION (Test used and score)				
67. FIELD OF VISION					68. RED LENS TEST				
69. INTRACULAR TENSION					70. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)				
71. AUDIOMETER					72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)				
RIGHT WV <i>/15 SV</i>					LEFT WV <i>/15 SV</i>				
RIGHT					LEFT				
LEFT					RIGHT				

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

☒ IS QUALIFIED FOR Retention in FBI
☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

Harold T. Eisenman

SIGNATURE

Harold T. Eisenman

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

C. L. ANDERSON LT. COL. D.C.

SIGNATURE

C. L. Anderson

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103-01

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT STREET TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 2/3/66	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 YRS 3 MOS CIVILIAN 14 YRS 1 MO		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK CITY, NY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD, FORT HAMILTON, NY				16. OTHER INFORMATION		
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD						

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	85	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	75	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	47	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
BROTHERS	50	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
AND		SISTER	RHEUMATIC HEART	50		<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	FATHER
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
		GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
		GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SAME			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS —		25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT, FBI	
					26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

UNCLASSIFIED

67-413797-104

10/18

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

*Had jaundice during military service - due to bad serum in 1942
Had cholecystitis 1956*

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Had Serum hepatitis 1942 - no compl.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

HAROLD T. GISENMAN

DATE

3 Feb 66

SIGNATURE

Harold T. Gisenman

NUMBER OF ATTACHED SHEETS

2

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-413797-104

67-413797-104

[Handwritten signature]

REC'D - ADMIN. DIV.
FBI

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: None

Harold T. Eisenman
(Signature of Medical Examiner)

3 Feb 66
(Date)



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>12/30/65</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<u>WIFE</u>

Address	
<u>91 BLAUVELT STREET, TEANECK, N. J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	
—	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<u>WIFE</u>

Address	
<u>91 BLAUVELT STREET, TEANECK, N. J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	
—	

Very truly yours,

Payment Received
Special Agents Insurance Fund

61 JAN 6 1966

J. Edgar Hoover, Director

Special Agent

Nicholas J. Purchia
Special Agent

2-2001

b6
b7c

July 2, 1965

Mr. John F. Malone
Federal Bureau of Investigation
New York, New York

NICHOLAS J. PARSONS

Dear Mr. Malone:

It is indeed a pleasure to commend you and, through you, the personnel in the New York Office who participated so capably in the investigation of the Destruction of Government Property case involving [redacted] and others.

b6
b7C

Each man discharged his individual responsibilities with noteworthy resourcefulness and skill, effectively overcoming the difficulties encountered in this complex investigation. The diligent efforts of all assisted materially in thwarting the radical plot of these subjects. I want to thank you for your excellent supervision of the over-all investigation and ask that you convey my appreciation to the others for a job well done.

Sincerely yours,

1 - SAC, New York (Personal Attention)

Place a copy of this letter in files of personnel who participated in this matter but were not individually recognized.

1 - [redacted] (Sent Direct)
KEC

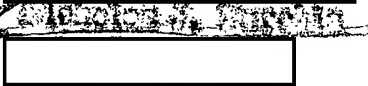
DUPLICATE YELLOW

(22)

Based on memo Baumgardner-Sullivan 6-23-65 and addendum

67-NOT RECORDED
JUL 14 1965
Administrative Division 6-25-65 re: [redacted] et al;
DGP-Conspiracy. (Incentive Award and Commendation Matter.)
COPIES MADE AND ATTACHED FOR PLACING IN FILES OF: Over

Letter to Mr. John P. Malone
SLL New York



b6
b7C



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>6-1-65</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship	b6 b7C
<u>[Redacted]</u>	<u>WIFE</u>	
Address <u>91 BLAUVELT STREET, TEANECK, N.J. 07666</u>		
Name (contingent beneficiary, if desired; use given first name if female)	Relationship	
<u>[Redacted]</u>	<u>per 100. 8th</u> <u>5-1-66</u> <u>ell</u>	
Address <u>[Redacted]</u>		

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u>	
Address <u>[Redacted]</u>	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>[Redacted]</u>	
Address <u>[Redacted]</u>	

Payment Received
Special Agents Insurance Fund

JUN 11 1965

J. Edgar Hoover, Director

Very truly yours,

Nicholas J. Purchia
Special Agent

PAST SAFE DRIVING RECORD CERTIFICATION

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)
PURCHIA, NICHOLAS J.DATE
4/15/65

DIVISION AND SECTION ASSIGNED

4 - 41 New York

POSITION TITLE

SPECIAL AGENT

S IS TO CERTIFY THAT I PRESENTLY ☒ HOLD ☐ DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR
VER'S LICENSE.MIT ISSUED BY:
ATE, TERRITORY NEW JERSEY
SSSESSION, DISTRICT)

PERMIT NUMBER

P9343 59071 08132

PERMIT EXPIRES

12/31/67

S IS AN UNRESTRICTED (~~RESTRICTED~~) PERMIT. (IF RESTRICTED, EXPLAIN BELOW)
(STRIKE OUT ONE)THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSON-
ALLY OWNED) APPROXIMATELY 25,000 MILES. DURING THIS TIME (A) I ☐ HAVE ☒ HAVE NOT RECEIVED A
TRAFFIC VIOLATION TICKET; (B) I ☐ HAVE ☒ HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE
INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND
DATES OF OFFENSES.* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY
IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY
OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.Nicholas J. Purchia
SIGNATURE OF OPERATORNAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL)
MARCHESSAULT, WARREN

POSITION TITLE

SPECIAL AGENT SUPV.

DATE

4/15/65

THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE
OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:☒ CONTINUOUS SAFE DRIVING RECORD☐ INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **

I CERTIFY THAT THIS EMPLOYEE IS:

☒ QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON
OFFICIAL BUSINESS.☐ NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING
A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.

REMARKS:

78
67-NOT RECORDED
2 MAY 13 1965** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS
TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST
THE EMPLOYEE.Warren Marchessault
(SIGNATURE OF REVIEWING OFFICIAL)

TO BE FILLED IN

TO BE FILLED IN BY REVIEWING OFFICIAL

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 4/14/65

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: SA NICHOLAS J. PURCHIA
PHYSICAL EXAMINATION☐ Remylet _____
☐ ReBulet _____

- ☒ Re physical examination _____.
- ☐ Dental work was completed on _____.
- ☐ Vision has been corrected to _____ Employee specifically instructed _____ by _____ that he can operate a Bureau car _____ (date) _____ (name of person giving instruction) only when wearing the necessary glasses.
- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
- ☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
- ☐ Enclosed are ☐ paid ☐ unpaid medical bills.
- ☐ Attached are Bureau of Employees' Compensation forms _____.
- ☒ Physical examination reports are enclosed.
- ☐ Employee is scheduled for physical examination on _____.
- ☒ Physical examination report has been reviewed and initialed.
- ☐ Employee returned to active duty _____.
- ☐ Employee's physical condition is _____.
- ☐ UACB he is being removed from limited duty.
- ☐ UACB he is being placed on limited duty.

Remarks:

External hemorrhoid, asympt.

EJM/jhp
(2)

ENCLOSURE

9 APR 23 1965

NOT RECORDED
MAY 11 1965

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICEb6
b7c

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA 069-16-6407Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT GS-13Rating Period: from APRIL 1, 1965 to March 31, 1966ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials*MP*Rated by: Warren Marchessault SUPERVISOR 3/31/66
Signature Title Date

WARREN MARCHESSAULT ASSISTANT DIRECTOR

Reviewed by: John F. Malone IN CHARGE 3/31/66
Signature Title Date

JOHN F. MALONE

Rating Approved by: [Signature] Assistant Director MAY 23 1966
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative

67-413797-105	
Searched	60-Day
4 APR	90-Day
	Transfer
	Separation from Service
	Special

REC-135

0-17 NY
requesting ratings
for #14 N.Y.
5-17-66 19
MAY 23 1966
Ratings 23-66
per

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA Title SPECIAL AGENT, GS -13
Rating Period: from 4/1/65 to 3/31/66

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (18) Reporting ability: |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>+</u> (a) Investigative reports |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>+</u> (b) Summary reports |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>+</u> (c) Memos, letters, wires |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>0</u> (19) Performance as a witness. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>0</u> (20) Executive ability: |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | (a) Leadership |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | (b) Ability to handle personnel |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | (c) Planning |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | (d) Making decisions |
| <u>+</u> (14) Investigative ability and results: | (e) Assignment of work |
| <u>+</u> (a) Internal security cases | (f) Training subordinates |
| <u>0</u> (b) Criminal or general investigative cases | (g) Devising procedures |
| <u>0</u> (c) Fugitive cases | (h) Emotional stability |
| <u>0</u> (d) Applicant cases | (i) Promoting high morale |
| <u>0</u> (e) Accounting cases | (j) Getting results |
| <u>E</u> (15) Physical surveillance ability. | <u>E</u> (21) Ability on raids and dangerous assignments: |
| | (a) As leader |
| | <u>+</u> (b) As participant |
| | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement. |
| | <u>+</u> (23) Ability to work under pressure. |
| | <u>E</u> (24) Miscellaneous. Specify and rate: |
| | <u>E</u> Dictation ability |

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

INVESTIGATOR

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe-driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likable personality and meets people well.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This agent has participated in dangerous assignments and he is also capable of participating in raids.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He has demonstrated himself to be far above the average. He has shown outstanding initiative, resourcefulness, force and aggressiveness. He is a most loyal agent and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He is the type of agent who can handle the most complicated investigative matter without any supervision. He can always be depended upon to do an outstanding job.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need in this regard. He has spoken to several potentials in an effort to obtain applicants.

WSP

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

This office is in receipt of a general letter of commendation from the Bureau involving a Destruction of Government Property case. This agent participated in that investigation.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent has developed one Panel Source. It will be noted that the type of case being handled by this agent presents a great many obstacles to the development of informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY: NONE

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
-----------------	-------------	--------------	--------------	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered ☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/23/66

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS J. PURCHIA
SPECIAL AGENT☒ Remylet 5/9/66 (FD 208)
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☒ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☒ Employee returned to active duty May 23, 1966
☒ Employee's physical condition is Satisfactory
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

② - Bureau (Encl 1)
1 - New York
WTM:IM
(3)

ENCLOSURE

67-100-100000
3 JUN 2 1966THRENT
PR

MAY 25 1966

PURCHIA, NICHOLAS J. NAME (Print or type - Last, First, Middle Initial)		IDENTIFICATION NO. 069-16-6407	
ORGANIZATIONAL UNIT FBI New York		FROM (Mo., Day, Hr.) 5/2/66 8:15 a.m.	NO. OF HOURS 120
TYPE OF LEAVE <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SICK <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> COMPENSATORY <input type="checkbox"/> OTHER		TO (Mo., Day, Hr.) 5/20/66 5:00 p.m.	XX

I understand that any annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.

NOTE TO EMPLOYEE. (If you are applying for sick leave check appropriate box)	DURING THIS ABSENCE I WAS <input checked="" type="checkbox"/> INCAPACITATED FOR DUTY BY SICKNESS OR INJURY	<input type="checkbox"/> INCAPACITATED FOR DUTY BY PREGNANCY AND CONFINEMENT	<input type="checkbox"/> UNDERGOING MEDICAL, DENTAL, OR OPTICAL EXAMINATION OR TREATMENT
	<input type="checkbox"/> REQUIRED TO CARE FOR A MEMBER OF MY FAMILY WITH CONTAGIOUS DISEASE	NAME AND RELATIONSHIP OF FAMILY MEMBER AND NAME OF DISEASE	
	<input type="checkbox"/> REQUIRED TO BE ABSENT BECAUSE OF EXPOSURE TO CONTAGIOUS DISEASE	NAME OF DISEASE AND CIRCUMSTANCES OF EXPOSURE	

REMARKS	SIGNATURE OF EMPLOYEE Nicholas J. Purchia	DATE 5/23/66
---------	--	-----------------

STANDARD FORM 71
REVISED MARCH 1961

71-105

APPLICATION FOR LEAVE

U.S. CIVIL SERVICE COMMISSION
CHAPTER 1-1, FPM

CERTIFICATE OF PHYSICIAN OR PRACTITIONER	
The employee named was under my professional care during the period stated below. From the medical standpoint, his condition during this period was such that I considered it inadvisable for him to report to work.	
NAME OF EMPLOYEE NICHOLAS J. PURCHIA	POSITION OCCUPIED SPECIAL AGENT
PERIOD UNDER PROFESSIONAL CARE FROM (Mo., day, year) May 1, 1966	THROUGH (Mo., day, year) May 20, 1966
REMARKS Hemorrhoidectomy, Excision of fissure, Sphincterotomy Patient is qualified for strenuous physical exertion including the use of firearms 101 Prospect Ave. Hackensack, N.J.	
SIGNATURE OF PHYSICIAN OR PRACTITIONER Warren Marchessault	DATE 5/20/66

OFFICIAL ACTION ON APPLICATION	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason)	SIGNATURE AND DATE Warren Marchessault 5/23/66

U.S. GOVERNMENT PRINTING OFFICE : 1961 O-572735

May 11, 1966

Mr. Nicholas J. Purchia
91 Blauvelt Street
Teaneck, New Jersey 07666

Dear Mr. Purchia:

I am sorry that it was necessary for you to undergo an operation, and hope your convalescence is proceeding satisfactorily.

You should follow closely your physician's instructions and remain away from work as long as he deems it advisable.

Sincerely,

J. Edgar Hoover

1 - SAC, New York (Personal Attention)

DLB
(4)

Address obtained from file.

MAILED 11
MAY 11 1966
COMM-FBI

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Memo 4-29-66, from SAC, advised employee commenced sick leave on 5-2-66 for a hemorrhoidectomy operation. He will return to duty about 5-23-66.

MAIL ROOM ☐ TELETYPE UNIT ☐

MAY 11 10 39 AM '66
FBI
READING ROOM

67-NOT RECORDED-4

Jgm *V. Kerst*

npe *Jgm*

JBA *ppa*

edm *MAY 11 1966* *15*

UNITED STATES GOVERNMENT

Memorandum

b6
b7C

TO : Director, FBI

DATE:

5/9/66

FROM : SAC, NEW YORK

SUBJECT: SA NICHOLAS J. PURCHIA
(Employee)

NEW YORK

(Division)

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)		
<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Disease
<input type="checkbox"/> Operation	(Date of surgery and postoperative condition must be indicated under Remarks)	
Date sick leave commenced	Date ceased active duty	Expected date of return to duty
Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence Address:		

Remarks: Re FD 208 dated 4/29/66. SA PURCHIA underwent surgery on 5/2/66. He is presently convalescing at home and his condition is satisfactory.

DEATHS

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
(Name of deceased)						<input type="checkbox"/> Other (Relationship)
Date and place of death						
Employee's residence address						
If employee is leaving residence because of this death, what will be his temporary address, and when (time and date) does he plan to leave there to return home? Also indicate anticipated time and date of return home.						
Time and date of departure				Anticipated time and date of return		

Remarks:

1 - Bureau
1 - New York
WM:IM
(2)

Disc. Pers.
Note 5-11-66
alt

NOT RECORDED

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 4/29/66

FROM : SAC, NEW YORK

SA NICHOLAS J. PURCHIA

SUBJECT: (Employee)

NEW YORK

(Division)

b6
b7c

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)			(Date of surgery and postoperative condition must be indicated under Remarks)
<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Disease	<input checked="" type="checkbox"/> Operation
Date sick leave commenced May 2, 1966	Date ceased active duty M April 29, 1966	Expected date of return to duty About May 23, 1966	
Confined at: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence			
Address: Hackensack Hospital 22 Hospital Place Hackensack, New Jersey 07601			

Remarks: SA Purchia expects to be in the hospital for 5-6 days and then at home for two weeks convalescence. He will have a hemorrhoidectomy operation.

DEATHS

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
----- (Name of deceased)						<input type="checkbox"/> Other ----- (Relationship)
Date and place of death						
Employee's residence address						
If employee is leaving residence because of this death, what will be his temporary address, and when (time and date) does he plan to leave there to return home? Also indicate anticipated time and date of return home.						
Time and date of departure				Anticipated time and date of return		

Remarks:

① - Bureau

1 - New York

WM:IM

(2)

6/1
noted
5-4-66
JH
9/1
MAY 6 1966

noted
5-4-66
JH

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/15/66

FROM : SAC,

NEW YORK

Attention: Personnel Section

SUBJECT:

SA NICHOLAS PURCHIA
PHYSICAL EXAMINATION

☐ Remylet _____

☐ ReBulet _____

☒ Re physical examination _____

☐ Dental work was completed on _____

☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.

☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.

☐ Enclosed are ☐ paid ☐ unpaid medical bills.

☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.

☐ Employee is scheduled for physical examination on _____

☒ Physical examination report has been reviewed and initialed.

☐ Employee returned to active duty _____

☐ Employee's physical condition is _____

☐ UACB he is being removed from limited duty.

☐ UACB he is being placed on limited duty.

Remarks:

External hemorrhoids-mild.

Encs. 2
EJM:paq
(2)

67-NOT RECORDED

THREE

MAR 21 1966

136

December 9, 1966

~~PERSONAL~~

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

I note that today marks your Twentieth Anniversary with the FBI and I want to take this opportunity to express my gratitude for the loyalty and devotion which have been typical of your tenure of service. In recognition of this special occasion I wish to present your Twenty-Year Service Award Key.

Throughout the years the Bureau has had to assume new responsibilities which have been honestly and faithfully discharged. No small measure of the credit is due to our conscientious and experienced personnel who in truth represent the strong foundation on which our growing organization rests. It is encouraging indeed to know that we are staffed with competent associates such as you who are so willing and enthusiastic about handling their duties.

This Key is a token of our appreciation. May it always be a reminder of those things for which the FBI stands.

With best wishes and kind regards,

Sincerely,

J. Edgar Hoover

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Enclosure

1 - SAC, New York (Personal Attention)

LDH:jhb (4) 67-413797

MAIL ROOM ☐ TELETYPE UNIT ☐

DEC 7 9 53 AM '66
REC'D-READING ROOM
B I

67-413797-1086
Searched _____ Indexed _____
8 DEC 5 1966



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA	10/21/66	NEW YORK

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE

Address	
91 BLAUVELT STREET, TEANECK, N.J.	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE

91 BLAUVELT STREET, TEANECK, N.J.	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Insurance Fund

OCT 31 1966

J. Edgar Hoover, Director

Nicholas J. Purchia
Special Agent

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

154-15-407

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION.

EFFECTIVE DATE

DATE OF LAST EQUIV. INCR.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

892 - QUALITY INCREASE

893 - WITHIN GRADE INCREASE

894 - PAY ADJUSTMENT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

896 - ADMIN. PAY INCREASE

897 - ADMIN. PAY DECREASE

OTHER (SPECIFY IN REMARKS)

8/1/64

1/3/64

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

1140 1.00

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

3/10

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
13 SEP 9 1966

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

10/1/64
(DATE)

PERSONNEL FILE COPY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from APRIL 1, 1966 to MARCH 31, 1967ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials*YAT*

THOMAS J. CROKE

Rated by:

Thomas J. Croke
SignatureSUPERVISOR
Title3/31/67
Date

DONALD E. RONEY

Reviewed by:

Donald E. Roney
SignatureSPECIAL AGENT
IN CHARGE
Title3/31/67
Date

Rating Approved by:

[Signature]
SignatureAssistant Director
TitleAPR 11 1967
Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-143

67-413797-107

Searched _____ Indexed _____

4 APR 10 1967

22

APR 18 1967

2

4

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
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 - Any element rated "Unsatisfactory" must be supported by narrative comments.
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- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (20) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases | |
| <u>E</u> (15) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

INVESTIGATOR

- C. (1) Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? YES (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

NJP

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and conservatively in a business-like fashion. He has a likeable personality and is well regarded by his fellow employees.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Although SA PURCHIA has not participated in raids and dangerous assignments during the rating period, he is capable of handling such assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

SA PURCHIA utilized 133 hours of sick leave. 120 hours of this sick leave was utilized when SA PURCHIA was hospitalized for an operation. This sick leave is supported by a doctors certificate. This sick leave is not considered abnormal and there are no limits to SA PURCHIA's availability.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving the investigation of Cominfil and Communist front organizations. SA PURCHIA is a highly competent and conscientious agent who handles his investigations with a great deal of enthusiasm displaying a high degree of resourcefulness and initiative. He is a most loyal agent and has an outstanding attitude. He is very cooperative and has accepted extra assignments most willingly.

SA PURCHIA can handle the most complicated investigative matter without any supervision. His work is always far above average.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need. He has spoken with several potentials in an effort to obtain applicants.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

NONE

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

NONE

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program but to date has not developed any informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA


Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NONE

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

WAP
Initials



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>3/10/67</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>WIFE</u>

b6
b7C

Address

91 BLAUVELT STREET, TEANECK, N.J.

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>—</u>	<u>—</u>

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>—</u>	<u>—</u>

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>—</u>	<u>—</u>

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

MAR 17 1967

J. Edgar Hoover, Director

Nicholas J. Purchia
Special Agent

8-ecd

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 1/24/67

FROM : SAC, NEW YORK

SUBJECT: FOREIGN TRAVEL PLANS OF
SA NICHOLAS J. PURCHIA

SA NICHOLAS J. PURCHIA, his wife and two children are to travel to Ireland, England, France and Italy this coming summer. No travel will be made to the USSR or to any country behind the "iron curtain".

SA PURCHIA and his family will depart New York, New York, 7/6/67 returning 8/17/67 UACB.

- ② - Bureau (RM)
- 1 - New York (66-7232) (FOREIGN TRAVEL)
- 1 - New York (PERSONNEL FILE SA NICHOLAS J. PURCHIA)

TJC:mmm
(4)

*noted
1-25-67
ms*

21

JAN 24 1967
FBI
THREE
ms



67 NOT RECORDED

5010-108

U.S. Savings Bonds Regularly on the Payroll Savings Plan

REPORT OF MEDICAL EXAMINATION

28-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIN, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLANVELT ST, TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 4-24-67
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE 20 MILITARY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/>	10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/12		13. PLACE OF BIRTH NEW YORK CITY, NY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USA D. FT HAMILTON, NY			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include brasis)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

32. PROSTATE WNL
NO RECTAL MASSES

New York prev adv dif
in rec plug from exam fac
4-24-67

67-413 797-108	
Searched	Numbered
7 APR 18 1967 92	

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O—Restorable teeth (—Nonrestorable teeth)		
X—Missing teeth XXX—Replaced by dentures		C.L - 1
(6 X 8)—Fixed bridge, brackets to include abutments		
RIGHT X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 27 26 25 24 23 22 21 20 19 18 17		LEFT 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN NEG	D. MICROSCOPIC lt amorphous sed	USA Disp Ft Hamilton NY dry reading	
C. SUGAR NEG	lt bacteris	C 32747 31Jan67 Negative	
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
CMF, NEGATIVE	WNL		

APR 25 1967 31

MEASUREMENTS AND OTHER FINDINGS												
51. HEIGHT 5'8"		52. WEIGHT 164		53. COLOR HAIR BRN		54. COLOR EYES BLU		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)						
A. SITTING		B. RECUMBENT		C. STANDING (5 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		
SYS. DIAS. 120 70		SYS. DIAS.		SYS. DIAS.								
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION				
RIGHT 20/ 20		CORR. TO 20/		BY +1.50 S.		OX		CORR. TO 20		BY		
LEFT 20/ 20		CORR. TO 20/		BY -1.00 S.		OX		CORR. TO 20		BY		
62. HETEROPHORIA (Specify distance)												
ES° 0		EX° 0		R. H. 0		L. H. 0		PRISM DIV. 0		PRISM CONV. CT		
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				
RIGHT LEFT				30 Plates 16/17				UNCORRECTED				
								CORRECTED				
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				
								69. INTRAOCULAR TENSION				
70. HEARING				71. AUDIOMETER								
				250 500 1000 2000 3000 4000 6000 8000								
				250 500 1000 2000 3000 4000 6000 8000								
RIGHT WV /15 SV /15				RIGHT 5 10 15 10 X 25 X 30								
LEFT WV /15 SV /15				LEFT 20 15 10 10 X 20 X 20								
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)												
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY												

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR **FBI retention**

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

ARONIO E. PRIAS, CPT, MC

SIGNATURE

Aronio E. Prias

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

EARL H. MCCLENDON, CPT, DC

SIGNATURE

Earl H. McClendon

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OF MOVING AUTHORITY

SIGNATURE

Jacob Z. Van Hoorn

NUMBER OF ATTACHED SHEETS

JACOB Z. VAN HOORN, LTC, MC, COL

14 MAR 1967

REPORT OF MEDICAL HISTORY

89-103-01

(THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 913 BIRCH ST., TEANECK, N.J.			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 11/21/67	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5 YRS 3 MOS CIVILIAN 20 YRS - 7 MOS		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK CITY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD, FT. HAMILTON, NY				16. OTHER INFORMATION		
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS: (Follow by description of past history, if complaint exists) GOOD						

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	86	FAIR				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	76	FAIR				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	48	GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	FATHER
	51	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
		DECEASED	RHEUMATIC HEART	50	<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN					<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	FATHER
SON	19	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
SON	17	GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:							
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION				
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS				
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS				
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD				
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY				
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? SAME				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT, FBI				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

ENCLOSURE

67-413797-108

WAT

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Had jaundice during military service due to bad serum - 1942

Had diverticulitis 1956.

Hemorrhoidectomy - May, 1966

Hackensack Hospital, Hackensack, N.J. - Dr. Maurice Kagan.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

NICHOLAS J. PURCHIA

SIGNATURE

Nicholas J. Purchia

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

20. Mumps - childhood - no seq.
Diverticulitis - proven by X Ray - 1956 - Rx medically. No further sec.
Serum hepatitis 1942 - no seq.
Hemorrhoidectomy 1966 - no seq.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

ANTONIO E. FRIAS, CPT MC

DATE

31 Jan 67

SIGNATURE

Antonio E. Frias

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA, NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-413797-108

WSD

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Antonio E. Fries Cohen
 (Signature of Medical Examiner)

31 Jan 67
 (Date)

November 3, 1967

~~PERSONAL~~

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

The quality of your work pertaining to a recent demonstration in the Washington, D. C., area was of the finest caliber and it is a pleasure to commend you.

Gathering vital details and statistics during this time was a most complicated endeavor; however, you skillfully and ably kept the Bureau apprised of changing events as they occurred. I do not want the occasion to pass without expressing my appreciation.

Sincerely yours,
J. Edgar Hoover

67-413797-109	
Serialized	Numbered
NOV 6 1967 87	

MAILED 30
NOV 3 1967
COMM-FBI

1 - SAC, New York (Personal Attention)

1 - (Sent Direct)

NLK *rek*
(5)
67-413797

Based on New York letter 10/27/67 and addenda Inspection and Domestic Intelligence Divisions 10/31/67 re National Mobilization Committee to End the War in Vietnam - Recommendation for Letters of Commendation.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

8 NOV 8 1967

MAIL ROOM ☐ TELETYPE UNIT ☐

137

John W. Stetson
John

mal

q/hx

b6
b7C



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print) NICHOLAS J. PURCHIA	Date 7/13/67	Office of Assignment (or SOG Division) NEW YORK
---	----------------------------	---

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Relationship b6 b7C
Address 91 Blauvelt St., Teaneck, New Jersey	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Nicholas J. Purchia
Special Agent

RECEIVED
Special Agents Insurance Fund

AUG 1 1967

U.S. DEPT. OF JUSTICE



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>5/25/67</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[REDACTED]</u>	<u>WIFE</u>

b6
b7C

Address	
<u>91 BLAUVELT STREET, TEANECK, N.J.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>—</u>	

Address	
<u>—</u>	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 6 1967

J. Edgar Hoover, Director

Special Agent

Nicholas J. Purchia
Special Agent

136

Bor.

REPORT OF MEDICAL EXAMINATION

03-109-04

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 91 BLAUVELT STREET, TEANECK, NJ			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 1/2 1968	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5408 CIVILIAN 21 yrs 1 mo		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/63		13. PLACE OF BIRTH NEW YORK CITY, USA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD, FORT HAMILTON, NY				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
<input checked="" type="checkbox"/> 18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/> 19. NOSE	
<input checked="" type="checkbox"/> 20. SINUSES	
<input checked="" type="checkbox"/> 21. MOUTH AND THROAT	
<input checked="" type="checkbox"/> 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/> 23. DRUMS (Perforation)	
<input checked="" type="checkbox"/> 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/> 25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/> 26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/> 27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/> 28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/> 29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/> 30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/> 31. ABDOMEN AND VISCERA (Include hepata)	
<input checked="" type="checkbox"/> 32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/> 33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/> 34. G-U SYSTEM	
<input checked="" type="checkbox"/> 35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/> 36. FEET	
<input checked="" type="checkbox"/> 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/> 38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/> 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/> 40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/> 41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/> 42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/> 43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

67-413797-110
JAN 1 1968
REC-140
ENCLOSURE
1/21

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) C—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (XXX)—Fixed bridge, brackets to include abutments		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																		
<table border="1"><tr><td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>L</td></tr><tr><td>H</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>F</td></tr><tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>T</td></tr></table>			R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	L	H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	F	T																															
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T																																T																																																																				

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. USAD FORT HAMILTON BROOKLYN NY NEG 23 Jan 68 DRY READING	
B. ALBUMIN NEGATIVE	D. MICROSCOPIC NEGATIVE	C. SUGAR NEGATIVE	
47. SEROLOGY (Specify test used and result) CMH NEGATIVE		48. EKG None Set	49. ELCOG TYPE AND RH FACTOR
50. OTHER TESTS			

4 JAN 1968

(No importance)

WST

ERG

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68	52. WEIGHT 164	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBES	56. TEMPERATURE																				
57. BLOOD PRESSURE (Arm at heart level)					58. PULSE (Arm at heart level)																								
A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																					
80																													
59. DISTANT VISION					60. REFRACTION					61. NEAR VISION																			
RIGHT 20/20 CORR. TO 20/					BY +2.00 S. 1.00 D. 1.00 D.					20/20 CORR. TO 20/20 BY																			
LEFT 20/20 CORR. TO 20/					BY +2.00 S. 1.00 D. 1.00 D.					20/20 CORR. TO 20/20 BY																			
62. METROPHORIA (Specify distance)										63. ACCOMMODATION																			
ES° 0 EX° 0 R. H. 0 L. H. 0										64. COLOR VISION (Test used and result)																			
										65. DEPTH PERCEPTION (Test used and score)																			
										66. FIELD OF VISION																			
										67. NIGHT VISION (Test used and score)																			
										68. RED LENS TEST																			
										69. INTRAOCULAR TENSION																			
70. HEARING										71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV /15 SV /15										250 250 500 512 1000 1024 2000 2048 4000 4096 6000 6144 8000 8192																			
LEFT WV /15 SV /15										RIGHT 15 15 15 15 15 15 15 15 15 15 15 15																			
										LEFT 15 15 15 15 15 15 15 15 15 15 15 15																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																													

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

RETENTION IN FBI

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
ISMAEL RODRIGUEZ, CPT MC

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

JOSEPH L LAZORICK, CPT DC

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
JACOB Z. VAN HOORN, LTC MC, COMMANDING

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

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1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

FEDERAL BUREAU OF INVESTIGATION

67-413797-110

amr

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Archey

Signature of Medical Examiner

1-23-64

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: March 26, 1968

FROM : SAC NEW YORK

Attention: Personnel Section

SUBJECT: SA NICHOLAS JOHN PURCHIA
PHYSICAL EXAMINATION☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

EKG - Non-specific T wave changes - "no importance."

1-Bureau
1-New YorkFJI:dcj
(2)ENCLOSURE
1/2
1/1 att
1/1 att

NOT RECORDED-9

THREE
1/2

4 APR 4 1968

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) (first) (middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
PURCHIA NICHOLAS J	8/28/13	069 16 6407
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	
FBI	NEW YORK, N Y. 10021	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Nicholas J. Purchia

DATE

February 8, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 14 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
(b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
Office of Federal Employees' Group Life Insurance
(Statistical Study)
4 East 24th Street
New York, New York 10010
(c) If the employee marked box B, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
(b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from APRIL 1, 1967 to MARCH 31, 1968

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

JP

Rated by:
THOMAS J. CROKE

Thomas J. Croke
Signature

SUPERVISOR

3/31/68

Title

Date

Reviewed by:
BILLARD W. HOWELL

Billard W. Howell
Signature

SPECIAL AGENT
IN CHARGE

3/31/68

Title

Date

Rating Approved by:

[Signature]
Signature

Assistant Director

APR 12 1968

Title

Date

DEC-141

67-413797-111	
Searched	Numbered
APR 2 1968	

TYPE OF

☒ Official
☒ Annual

☐ Administrative

☐ 60-Day

☐ 90-Day

☐ Transfer

☐ Separation from Service

☐ Special

10 APR 15 1968

APR 1 2 50 PM '68

REC'D FBI
VOLUNTARY DEPT.

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>O</u> (20) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases | |
| <u>E</u> (15) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

INVESTIGATOR

- C. (1) Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT

EMPLOYEE'S INITIALS NP

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likeable personality and is well regarded by his fellow employees.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Although SA PURCHIA has not participated in raids and dangerous assignments during this rating period, he is capable of handling such assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no limitations on SA PURCHIA's availability and there are no physical limitations affecting his performance.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving the Jewish field. SA PURCHIA is a most loyal and enthusiastic agent who approaches his work with initiative and forcefulness. He is extremely knowledgeable of Bureau procedures and his work is accurate in detail and planning. He has an outstanding attitude and willingly participates in extra assignments when called upon. He has consistently proven that he can handle the most complicated investigative matters without any supervision.

In connection with the applicant recruitment program, he has remained alert to the Bureau's needs and he has spoken with friends and neighbors to alert them to the employment opportunities in the Bureau.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

By letter dated November 3, 1967, SA PURCHIA was commended for his work pertaining to a recent demonstration in the Washington, D.C. area. He also assisted in two cases in which the NYO was the recipient of a gneral letter of commendation in the security field.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

NONE

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program, but during this rating period did not develop any informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA


Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY: NONE

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered ☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

WDP
Initials

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHILL, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION 1800 J. 1.		6. DATE OF EXAMINATION 12/19/68
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8/28/10		13. PLACE OF BIRTH NEW YORK, NEW YORK		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS US Army Disp - Ft. Hamilton, NY				16. OTHER INFORMATION	
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-140
67-413797-112
Searched _____ Numbered _____
7 FEB 24 1969
ENCLOSURE
THREE
P92

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Class 2	
O—Restorable teeth X—Missing teeth (EX)—Fixed bridge, brackets to include abutments —Nonrestorable teeth XXX—Replaced by dentures																			
R I G H T																			
L E F T																			

LABORATORY FINDINGS														
45. URINALYSIS: A. SPECIFIC GRAVITY 1.017					46. CHEST X-RAY (Place, date, film number and result) USA DISP FT HAMILTON, BROOKLYNNY 11252									
B. ALBUMIN Negative					D. MICROSCOPIC Negative					C-30 Negative 19 Dec. 68				
C. SUGAR Negative					48. EKG WNL					49. BLOOD TYPE AND RH FACTOR				
47. SEROLOGY (Specify test used and result) CMF Negative					50. OTHER TESTS Dry Reading									

9 FEB 28 1969

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6' 6"		52. WEIGHT 166		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD. <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A SITTING SYS. 140 DIAS. 90		B RECUMBENT SYS. DIAS.		C STANDING (3 min.) SYS. DIAS.		A SITTING 24		B. AFTER EXERCISE		C 2 MIN AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/ 20		CORR TO 20/		BY		OX		CORR TO		BY 76.38	
LEFT 20/ 20		CORR TO 20/		BY		OX		CORR TO		BY	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		ORTHOPHORIA		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		CORRECTED			
RIGHT		LEFT		66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION	
				120° 140°						13.4 14.6	
70. HEARING		71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV		15 SV		15		250 250		500 512		1000 1021	
LEFT WV		15 SV		15		2000 2018		3000 2896		4000 4006	
						6000 6144		8000 8192			
						RIGHT		15		15	
						LEFT		15		15	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check)

A ☐ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

Retention in F. B. I.

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

Jose A. Santa
CPT

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

JAY WESCHLER, CPT., D. C.

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

JOSE A. SANTA, CPT., MC PE SECTION, CHIEF

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-413797-112

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

Date

SAC New York City

12/10/68

Director, FBI

Nicholas J. Purchia
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 11/25/68 to 12/6/68

☐ Criminal☐ Accounting☐ Security☐ Expert Firearms-Defensive Tactics☐ Basic☐ Advanced☒ Advanced Security - Communist Matters

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained.

Notebook _____
Examination _____
Shotgun Course #2 _____ 14/25
Rifle _____ 84
Machine Gun _____ 86

Specialized Training:

MAILED 21

DEC 10 1968

COMM-FBI

Admin. Firearms:

From

To

67-NOT RECORDED
9 DEC 11 1968

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

1-SA NICHOLAS J. PURCHIA
NEW YORK CITY 19

HLS:les

(3)

MAIL ROOM ☒ TELETYPE UNIT ☐



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>NICHOLAS J. PURCHIA</u>	<u>5/20/68</u>	<u>NEW YORK</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship	b6 b7C
<u>[REDACTED]</u>	<u>WIFE</u>	
Address <u>91 BLAUVELT ST., TEANECK, N.J.</u>		
Name (contingent beneficiary, if desired; use given first name if female)	Relationship	
Address		

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Nicholas J. Purchia
Special Agent

Received
Special Agents Insurance Fund
JUN 5 1968

32

B-eccl

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

b6
b7C

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1968 to MARCH 31, 1969

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: [Signature] Supervisor 3/31/69
Signature Title Date

Reviewed by: Joseph A. Sullivan Special Agent in Charge 3/31/69
Signature Title Date

JOSEPH A. SULLIVAN Assistant Director APR 22 1969
Signature Title Date

Rating Approved by: [Signature] Assistant Director APR 22 1969
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

REC-134

67-13797-113

Searched 29 Numbered 29
2 APR 23 1969

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

3-jip

1 APR 28 1969

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>E</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>0</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>0</u> (20) Executive ability: <ul style="list-style-type: none"> <u>0</u> (a) Leadership <u>0</u> (b) Ability to handle personnel <u>0</u> (c) Planning <u>0</u> (d) Making decisions <u>0</u> (e) Assignment of work <u>0</u> (f) Training subordinates <u>0</u> (g) Devising procedures <u>0</u> (h) Emotional stability <u>0</u> (i) Promoting high morale <u>0</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>0</u> (a) As leader <u>E</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability. <u>✓</u> <u>Applicant Recruitment</u> |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>0</u> (b) Criminal or general investigative cases <u>0</u> (c) Fugitive cases <u>0</u> (d) Applicant cases <u>0</u> (e) Accounting cases | |
| <u>E</u> (15) Physical surveillance ability. | |

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

- D. 1. Has employee had an abnormal sick leave record during rating period? 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

WJP

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA presents a neat and proper appearance and dresses in good business taste. He has a friendly and pleasing personality and is effective in his personal contacts.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

SA PURCHIA is capable of participating in raids and dangerous assignments and has done so in past rating periods.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigation of Communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting all deadlines, and invariably does a superior job. He has consistently proven he can handle the most complicated investigative matters with a bare minimum of supervision. SA PURCHIA is a dependable, conscientious person. He voluntarily participates in extra duty assignments.) His overall performance is excellent.

SA PURCHIA has participated in the Bureau's applicant recruitment program.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

SA PURCHIA was one of a number of New York Agents who received a general letter of commendation dated May 28, 1968.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

None.

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program. He handles an informant and a panel source, and has developed one PSI during this rating period.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

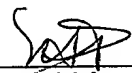
NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA


Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

None.

Language in which proficient _____.

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:-

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

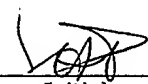
(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No


Initials

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: February 18, 1969

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION☐ Remylet _____
☐ ReBulet _____☒ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks: Diverticulitis - 1956; Asymptomatic now.

① - Bureau
1 - New YorkFJI: emp
(2)ENCLOSURE
Handled

71 FEB 28

THREE
p92

NOT RECORDED?

REPORT OF MEDICAL EXAMINATION

38

58-109-04

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11/25/69	
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK CITY, USA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD, FT HAMILTON, BROOKLYN, NY				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

62 Probable WNL
Hemorrhoids rectal

Scar neck

61-413797-114

NOV 27 1970

AMB

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 621	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (GXS)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	X	X	X	X	X	X											
H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T
	X	X	X	X	X	X											

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015		46. CHEST X-RAY (Place, date, film number and result) USAD, FT HAMILTON, BKLYN, NY 11252 C 32747 Neg 25 Nov 69 Dry Reading	
B. ALBUMIN negative	D. MICROSCOPIC negative		
C. SUGAR negative			
47. SEROLOGY (Specify test used and result) CMF Negative	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

2 FEB 16 1970

25

107

ESQ

51. HEIGHT

BLOOD PRESSURE	
SYS. 148	
DIAS. 92	

59. DISTANT

RIGHT 20/ *W* C

LEFT 20/ *W* C

62. HETEROPHORIA (Specify

ES° EX°

63.	ACCOMMODATION
RIGHT	1
66. FIELD OF VISION	

70.	HEARING
RIGHT WV	/15 S
LEFT WV	/15 S

Item #57a: Blood Pressure Recheck by F. B. I. NURSE
69th Street NYC

18th Dec. 69 A. M. 140/82
P.M. 150/82

(Use additional sheets if necessary)

World elevated diabetic reading / any cyst
Hemorrhoidectomy -

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify).		76. A. PHYSICAL PROFILE					
None Blood Pressure recheck times three		P	U	L	H	E	S
77. EXAMINEE (Check)		B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR Retention in the FBI							
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE <i>Dante W. Lombardi MD</i>					
DANTE W. LOMBARDI M.D.							
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE <i>R. Zeman</i>					
ROBERT J. ZEMAN, CPT DC							
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE <i>Milton Dorf</i>				NUMBER OF ATTACHED SHEETS	
MILTON DORF, CPT MC RE SECTION CHIEF							

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-413797-114

ms

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

D. Lombardi

Signature of Medical Examiner

25 NOV 1970

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: February 12, 1970

FROM: SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS J. PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION

☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks: Mildly elevated diastolic reading 11/25/69 -
146/92. Serial readings X3 days - within normal limits.

① - Bureau
1 - New York

HAB:mag
(2)

ENCLOSURE

HANDLED SEPARATELY

67-NOT RECORDED

56 FEB 16 1970

THREE
111

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE PURCHIA NICHOLAS J	SOCIAL SECURITY NUMBER 069-16-6407
---	---

NOTIFICATION OF BASIC CHANGE

CODE- NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892—QUALITY INCREASE	<input type="checkbox"/> 896—ADMIN. PAY INCREASE	8/24/69	8/28/66
<input checked="" type="checkbox"/> 893—WITHIN GRADE INCREASE	<input type="checkbox"/> 897—ADMIN. PAY DECREASE		
<input type="checkbox"/> 894—PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-13	STEP OR RATE STEP 8	OLD SALARY \$18,974.00	NEW SALARY \$19,501.00

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>JH</i>

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
12 SEP 5 1969

J. Edgar Hoover

8/21/69
(DATE)

JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1969 to MARCH 31, 1970

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

YGP

Rated by: [Signature] Supervisor 3/31/70
Signature Title Date

[Signature] Special Agent In Charge 3/31/70
Signature Title Date

Reviewed by: JOSEPH H. GAMBLE 3/31/70
Signature Title Date

Rating Approved by: [Signature] Assistant Director APR 16 1970
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-141

61-413797-115

8 APR 13 1970

36

8 APR 16 1970 93

THREE

b6
b7c

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

CHECKLIST AND NARRATIVE COMMENTS

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Investigative results (rate applicable cases) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting.
Complexity of investigative matters handled: ☐ None ☐ Moderate ☒ Most complicated.
Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None
COMMENT on type of work handled entire rating period and appraisal of overall work performance:

SA PURCHIA has been assigned cases involving investigation of communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting all deadlines, and invariably does a superior job. He readily accepts responsibility, is always willing to be of assistance and is most cooperative.) His overall performance is excellent.

SA PURCHIA has participated in the Bureau's applicant recruitment program through contact with friends and neighbors and school and church officials.

- A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require?
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security

ADJECTIVE RATING: EXCELLENT
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS WSP

(Checklist and Narrative Comments continued)

- E 13. Firearms
✓ 14. Development of informants and sources of information. COMMENT on participation in this program.

SA PURCHIA developed one ghetto informant and one PSI, who had been a Panel Source.

- + 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
+ A. Investigative reports; + B. Summary reports; + C. Memos, letters, wires
- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- NA 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)
☒ A. Leadership ☒ F. Devising procedures
☒ B. Ability to handle personnel ☒ G. Promoting high morale
☒ C. Making decisions ☒ H. Getting results
☒ D. Assignment of work ☒ I. Furthering equal employment opportunity.
☒ E. Training subordinates
- E 18. Raids and dangerous assignments; 0 A. As leader; E B. As participant
- E 19. Miscellaneous. Specify and rate:
E Dictation; ✓ Applicant recruitment; Other _____
- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
22. Administrative Advancement: ☒ (Check block if not interested.)
A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
EXPLAIN if interested but not now qualified.
23. Number of Incentive Awards 0 Commendations 0 received from Director. Suggestions submitted 0.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None (List items taken into consideration on Checklist.)

MP

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

FROM : *[Signature]* SAC, NEW YORK

SUBJECT: NICHOLAS J. PURCHIA
SPECIAL AGENT
FOREIGN TRAVEL

DATE: 4/9/70

max miss
[Handwritten mark]

b6
b7C

SA NICHOLAS J. PURCHIA has advised he is contemplating a European trip starting September 10, 1970, and ending October 8, 1970. He intends visiting France, Spain and Portugal. No Iron Curtain country will be visited by him. He has sufficient accrued annual leave to cover his European trip.

UACB, permission is granted for SA PURCHIA to travel to Europe.

33244

REC-143

67-413797-116	
Numbered	
5 APR 14 1970 36	

2- Bureau (RM)
1- New York

NJP:ptp
(3)



5010-108-01

5 APR 17 1970

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

REPORT OF MEDICAL EXAMINATION

88-114
BOB approval No. 80-R157

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO.				
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 11/19/70				
7. SEX		8. RACE		9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY FBI		11. ORGANIZATION UNIT	
				MILITARY		CIVILIAN			
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK, NEW YORK				14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS US Army Disp - Ft. Hamilton, NY						16. OTHER INFORMATION			
17. RATING OR SPECIALTY						TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(32) Digital Rectal Exam - Prostate gl. Enlarged & Soft. No Nodule

REC-145

ENCLOSURE

61413797-117	
Searched	Numbered
9 MAR 1 1971	
54	

(Continue in item 73)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

acceptable

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth —Nonrestorable teeth																	
X—Missing teeth XXX—Replaced by dentures																	
(6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T
T																	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) US ARMY MEDICAL CLINIC, FT HAMILTON C-32747 BKLYN, NY 11252 Neg 19 Nov 70 Dry Reading	
B. ALBUMIN negative		D. MICROSCOPIC	
C. SUGAR negative		WBC 3-4	
47. SEROLOGY (Specify test used and result) CMF Negative		48. EKG See #73 Attached WNL	
		49. BLOOD TYPE AND RH FACTOR	
		50. OTHER TESTS CHOLESTEROL 240 MG %	

MAR 9 1971

EKG.

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'8"	52. WEIGHT 164	53. COLOR HAIR Br. Gray Brown	54. COLOR EYES Brown	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING SYS. 174 DIAS. 102	B. RECUMBENT SYS. 174 DIAS. 102	C. STANDING (3 min.) SYS. 170 DIAS. 100	A. SITTING 106	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.			
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION				
RIGHT 20/15	CORR. TO 20/15	BY N.S.	CX	20/20	CORR. TO 20/20	BY H.25				
LEFT 20/15	CORR. TO 20/15	BY N.S.	CX	20/20	CORR. TO 20/20	BY H.25				
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD			
63. ACCOMMODATION			64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		
RIGHT LEFT			Pansel P1					CORRECTED		
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)			68. RED LENS TEST		69. INTRAOCULAR TENSION		
								14.6/14.6		
70. HEARING			71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV	/15 SV	/15	250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15	RIGHT	5	10	0	5	5	10	5
			LEFT	0	5	5	5	5	5	5

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

EKG Depressed ST segment #AVF V5 + V6 - N.S. R. + I. V.C.T., non-specific ST segment changes - otherwise WNL.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Hypertension

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

B.P. evaluation by private M.D.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

Retention in the FBI

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

BARBARA WIRTH, MAJ MC

SIGNATURE

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

JULIUS E. KUNAFSKY, CPT DC

SIGNATURE

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

PAUL A SERGI

CPT MC

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

ROBERT E. PONTONE, M. D.
929 QUEEN ANNE ROAD
TEANECK, N. J. 07666
836-6915

January 8, 1971

Mr. Nicholas Purchia had been treated
in this office for hypertension which
is now normal and is fit to resume
his regular duties.

Robert E. Pontone md.

ROBERT E. PONTONE, M.D.
mkr.

ENCLOSURE

67-413797-117

AGE IN YEARS: 57SECTION: 44Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical ExaminerName of Examinee
(Type or print)PURCHIA

Last

NICHOLAS

First

JOHN

Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-413797-117

REC'D AD. DIV. **Desirable Weight Ranges for Males** ADMIN. DIV.

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 124	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

Barbara Wirth
Signature of Medical Examiner

19 Nov 70

Date

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1970 to MARCH 31, 1971

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

WJ

Rated by: [Signature] Supervisor 3/31/71
Title Date

Reviewed by: J. WALLACE LA PRAD Special Agent 3/31/71
Signature Title Date

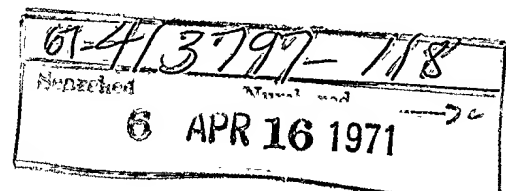
J. WALLACE LA PRAD Assistant Director APR 23 1971

Rating Approved by: [Signature] Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special



THREE

7 APR 23 1971

b6
b7c

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ **RATE ITEMS AS FOLLOWS:** (See Manual of Rules and Regulations for detailed instructions.)
Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements.)

✓ **Satisfactory**

- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 **No opportunity to appraise.** In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA PURCHIA is assigned to Squad #44 which handles investigation of the Communist Party. His assignments are mainly front group organizations in the Jewish field. (SA PURCHIA is a dependable conscientious Agent, who carefully supervises his own work and invariably does a superior job. He readily accepts responsibility, is always willing to be of assistance, and is most cooperative.) His overall performance is excellent.

He has participated in the Bureau's applicant recruitment program.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Security

ADJECTIVE RATING: EXCELLENTEMPLOYEE'S INITIALS WJP

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

E 13.
✓ 14.

- SA PURCHIA understands the importance of informant development.

- 1 A. Reports; 1 B. Memos, letters, wires.

- NA 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

- E 18. Raids and dangerous assignments; 0 A. As leader; E B. As participant.

- F Dictation; ✓ Applicant recruitment; Other

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in NA language(s).

Can handle typical investigative problems as follows:

- A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
- B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____

22. Administrative Advancement: ☒ (Check block if not interested.)

- A. ☐ Yes ☒ No Agent is completely available for administrative advancement.
- B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
- C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
- Explain if interested but not now qualified.

23. Number of Incentive Awards _____

Commendations received from Director: Individual _____ Through Superior _____

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/23/71

FROM : SAC,

NEW YORK

Attention: Personnel Section

SUBJECT:

NICHOLAS J. PURCHIA
PHYSICAL EXAMINATION
SPECIAL AGENT

☐ Remylet _____

☐ ReBulet _____

☒ Re physical examination _____

☐ Dental work was completed on _____

☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.

☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.

☐ Enclosed are ☐ paid ☐ unpaid medical bills.

☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.

☐ Employee is scheduled for physical examination on _____

☒ Physical examination report has been reviewed and initialed.

☐ Employee returned to active duty _____

☐ Employee's physical condition is _____

☐ UACB he is being removed from limited duty.

☐ UACB he is being placed on limited duty.

Remarks: Prostate slightly enlarged (anodular) no treatment indicated at present.

Blood pressure 11/19/70, 174/102. Blood pressure evaluation by Dr. ROBERT PONTONE. Dr. advises SA is under his care for hypertension. Blood pressure WNL now. SA is qualified for strenuous physical exertion and use of firearms.

Doctor's statement attached.

① - Bureau
1 - New York

HAB:gt
(2)

3 ENCLOSURES
HANDLED SEPARATELY

5 MAR 9 1971

67-NOT RECORDED-9

RECEIVED

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/26/71

FROM : SAC, NEW YORK

SUBJECT: SA NICHOLAS J. PURCHIA
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has ☒ requested authority for use of
☐ disposed of
personally owned side arm described below:

	<u>REQUESTED</u>	<u>DISPOSED OF</u>
Make	Smith & Wesson	
Model	38 Police Special	
Caliber	.38	
Length of Barrel	2"	
Serial No.	340696	
Weapon inspected by	SA R. O. JOHNSON	5/26/71
	(name)	(date)

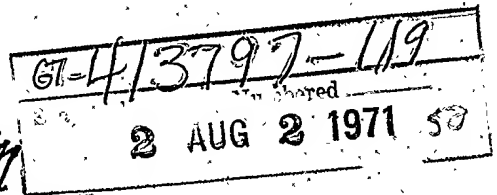
I recommend this request be approved.

If approved, the information set out above will be posted in
Field Duplicate Property Record.

- 2 - Bureau
1 - (Field Office Personnel File)

(3)

REC-131



APPROVED
SAC - QUANTICO

XEROX copy
FO 7-28-71



5010-108

149

Posted to
Property Card. H.D.

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

December 9, 1971

~~PERSONAL~~

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

It is indeed a pleasure to have this opportunity to extend to you my sincere congratulations and present to you the FBI Twenty-five-Year Service Award Key on the occasion of your anniversary with the Bureau.

The fact that men of your capacity and loyalty are dedicating their most valuable years to this Bureau is a major factor in our success as a law enforcement agency. Your contributions have played a substantial part in our increasing prestige and your untiring efforts have lightened the burden of our growing responsibilities. These years have been notable in the history of our Nation and our organization and you should take great pride in your share in our accomplishments.

I hope that this Key will, in days to come, recall many pleasant memories of your Bureau career.

With best wishes and kindest regards,

Sincerely,
J. Edgar Hoover

MAILED 7

DEC - 2 1971

FBI

Enclosure

1 - SAC, New York (Personal Attention)

LDH:bla

(4) 67-413797

Mr. Tolson _____
Mr. Felt _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Tavel _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

PLAINTEXT

TELETYPE

NITEL

TO SAC, NEW YORK 12-8-71
PLEASE DELIVER THE FOLLOWING MESSAGE TO ADDRESSEE
ON DECEMBER 9, 1971

MR. NICHOLAS J. PURCHIA
FEDERAL BUREAU OF INVESTIGATION
NEW YORK, NEW YORK

PLEASE ACCEPT MY BEST WISHES AND CONGRATULATIONS
ON YOUR TWENTY-FIFTH ANNIVERSARY WITH THE FBI. MAY I
EXPRESS MY DEEP GRATITUDE FOR THE INTEREST AND ENTHUSIASM
YOU HAVE DISPLAYED THROUGHOUT THESE YEARS AND FOR YOUR
UNSWERVING DEVOTION TO THE IDEALS FOR WHICH THE BUREAU
STANDS.

JOHN EDGAR HOOVER

LDH:psg
(3)
67-413797

REC-148

13797-121
Numbered
2 DEC 8 1971
36

Mr. Tolson _____
Mr. Felt _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Tavel _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

FEDERAL BUREAU OF INVESTIGATION
COMMUNICATIONS SECTION

DEC 8 1971

TELETYPE

INITIALED
DIRECTOR'S OFFICE

MAIL ROOM ☐ TELETYPE UNIT ☐

DEC 10 1971

REPORT OF MEDICAL EXAMINATION

277536

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION SA	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL	6. DATE OF EXAMINATION 11/6/72
7. SEX MALE	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK, NEW YORK		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U. S. Public Health Facility 245 W. Houston St., N. Y., N. Y.			16. OTHER INFORMATION	
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS: SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

WEARS glasses for reading

20 25300

ENCLOSURE

20 25300

Flat feet (asymptomatic)

Scar around neck.

REC-145

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 23 1972	
FBI - NEW YORK	

67-413797-122
9 APR 4 1972 39

THREE all
(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30
R	X	X	X																
I	X	X	X																
G	X	X	X																
H	X	X	X																
T	X	X	X																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NSA

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.025		46. CHEST X-RAY (Place, date, film number and result) 1/6/72	
B. ALBUMIN Neg.		D. MICROSCOPIC Negative	
C. SUGAR Trace		Normal Chest	
47. SEROLOGY (Specify test used and result) VDRL Non-reactive		48. EKG ST changes	49. BLOOD TYPE AND RH Pos. Type = A
50. OTHER TESTS Hemat 46% Hemogl. 16.6gms%		WBC 6.500 Neut 75 Lymph 25	

1 APR 10 1972 40

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68		52. WEIGHT 166		53. COLOR HAIR brown		54. COLOR EYES brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 97.8																		
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																							
A. SITTING SYS. 168 DIAS. 100		B. RECUMBENT SYS. 160 DIAS. 110		C. STANDING (3 min.) SYS. 160 DIAS. 96		A. SITTING 80		B. AFTER EXERCISE 100		C. 2 MIN. AFTER 92		D. RECUMBENT 76		E. AFTER STANDING 3 MIN. 84															
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION																	
RIGHT 20/		20		CORR. TO 20/		BY		S.		CX		0x0		CORR. TO 27x9		BY Jaeger													
LEFT 20/		20		CORR. TO 20/		BY		S.		CX		0x0		CORR. TO 21x14		BY #2													
62. HETEROPHORIA (Specify distance)														ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD	
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED											
RIGHT LEFT						Ishihara - Normal												CORRECTED											
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION											
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																	
RIGHT WV 15 /15 SV 30 /15						250 256 500 512 1000 1024 2000 2048 3000 2996 4000 4096 6000 6144 8000 8192																							
LEFT WV 15 /15 SV 30 /15						RIGHT																							
						LEFT																							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#24 = Wears glasses for reading.
 #36 = Flat feet (asymptomatic)
 #39 = Scar around neck with no sequelae
 #57 = Blood pressure rechecked by me show 150/100 sitting 150/100 remumbent 150/100 standing. Patient stated he will see his private Physician for blood pressure control, & also for ~~glucosuria~~ (Trace of sugar in urine) to rule out diabetes.
 No sequelae from history as stated. EKG = OK.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
B. PHYSICAL CATEGORY					
A	B	C	E		

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
 B. ☐ IS NOT QUALIFIED FOR

See 7D 300 - CEE

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

JOHN L. JEANNOPOULOS, M.D

NUMBER OF ATTACHED SHEETS

Medical officer in charge.

YEARS: 58

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

PURCHIA

Last

NICHOLAS

First

JOHN

Middle

#44

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

107-413797-122

120

Desirable Weight Ranges for Males

REC'D-ADMIN. DIV
FBI
APR 12 9 35 AM 1972

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____



Signature of Medical Examiner

1/18/72.
Date

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1971 to MARCH 31, 1972

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

YAP

Rated by:	<u>[Signature]</u>	Supervisor	<u>3/31/72</u>
	Signature	Title	Date
		Special Agent	
Reviewed by:	<u>[Signature]</u>	In Charge	<u>3/31/72</u>
	Signature	Title	Date
	JOHN F. MORLEY	Assistant Director	<u>APR 24 1972</u>
Rating Approved by:	<u>[Signature]</u>		
	Signature	Title	Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-137

67-413797-123
Searched 3 APR 18 1972 39
Numbered

8 APR 27 1972

95

THREE

b6
b7c

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
✓ Satisfactory
- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
+ 2. Personality and effectiveness of his personal contacts.
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
+ 6. Forcefulness and aggressiveness as required.
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ 8. Planning of work.
+ 9. Accuracy and attention to pertinent detail.
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
+ 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During this rating period, SA PURCHIA was assigned to Squad #44 which handles investigation of the Communist Party. He handles a large volume of varied, and complicated work with a minimum amount of supervision. He is a dependable and conscientious agent, who readily accepts responsibility and is most cooperative. His overall performance is excellent.

He has participated in the Bureau's applicant recruitment program.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

ADJECTIVE RATING: EXCELLENT
*(Outstanding, Excellent, Satisfactory, Unsatisfactory)*EMPLOYEE'S INITIALS NJP

E 13.

- SA PURCHIA understands the importance of informant development.

- ~~1~~ A. Reports; ~~1~~ B. Memos, letters, wires.

- NA 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

- E 18. Raids and dangerous assignments; O A. As leader; E B. As participant.

- F Dictation; ✓ Applicant recruitment; Other

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

- Can handle typical investigative problems as follows:

- A. Conversation form _____ *(language)* ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form _____ *(language)* ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____

22. Administrative Advancement: ☒ (Check block if not interested.)

- A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
- B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
- C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
- Explain if interested but not now qualified.

23. Number of Incentive Awards _____.

Commendations received from Director: Individual _____ Through Superior _____

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/28/72

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION☐ Remylet _____
☐ ReBulet _____☒ Re physical examination of 1/18/72
☒ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Flat feet (2°) asymptomatic.
Urinalysis - trace sugar. Blood pressure elevated
168/100; 160/110; 160/96. Repeat readings 150/100.
EKG - ST changes - checked as "O.K." by Dr. DURAN.
SA PURCHIA saw Dr. ROBERT PONTONE in February 1972. Repeat
urinalysis was WNL. Doctor also advised blood pressure rechecked by
him was WNL and of no cause for concern. No treatment indicated at
present time.
CBC - elevated neutrophils (75) Dr. DURAN at USPH advised
that this was not significant.
No further tests necessary.1 - Bureau
1 - New YorkHAB:gt
(2)

APR 10 1972

has to

PERSONAL INFORMATION
AND/OR
REQUEST FOR LEAVE

Am TO : ACTING DIRECTOR, FBI

DATE: 1/15/73

FROM: SAC, NEW YORK

Name NICHOLAS J. PURCHIA Social Security No. 069-16-6407Assigned NEW YORK OFFICE EOD 12/9/46**REQUEST FOR LEAVE WITHOUT PAY**

LWOP from _____ to _____

Hours of annual leave accrued

Hours of sick leave (if applicable)

Desires advanced annual leave in addition to LWOP

☐ Yes ☐ No

Reason:

ILLNESSESNature of illness: (Indicate extent of, description, and current condition under Remarks)
(Date of surgery and postoperative condition must be indicated under Remarks)☐ Accident ☐ Injury ☐ Disease ☐ Operation

Date sick leave commenced

Date ceased active duty

Expected date of return to duty

Address: Confined at: ☐ Hospital ☐ Residence

REC-132

Searched

Numbered

1 JAN 19 1973

EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued ☐ sick leave ☐ sick and annual leave

Employee has _____ hours of annual leave and _____ hours of sick leave (if applicable) accrued.

DEATHS☒ Father ☐ Mother ☐ Spouse ☐ Daughter☐ Brother ☐ Sister ☐ Son ☐ Other Relationship _____

Name of deceased

PAUL PURCHIA

Date and place of death

1/13/73, Bronx, New York City

Employee's residence address

91 Blauvelt Street
Teaneck, New Jersey 07666

If employee is leaving residence because of this death, what will be his temporary address?

Time and date of departure: _____

Anticipated time and date of return: _____

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

1 - Bureau
1 - New York

RJR:pml
(2)

*dis pers
not
1-18-73
mfm*

THREE
mfm

SOCIAL SECURITY NUMBER

069-16-6407

NOTIFICATION OF BASIC CHANGE

EFFECTIVE DATE

DATE OF LAST EQUIV. INCR.
12/1/78

896--ADMIN. PAY INCREASE

893—WITHIN GRADE INCREASE

897-ADMIN. PAY DECREASE

894--PAY ADJUSTMENT

OTHER (SPECIFY IN REMARKS)

[illegible]

STEP OR RATE	DATE	DESCRIPTION	AMOUNT	BALANCE
1	1/1/78	Initial Investment	100.00	100.00
2	1/1/79	Interest Income	10.00	110.00
3	1/1/80	Interest Income	11.00	121.00
4	1/1/81	Interest Income	12.10	133.10
5	1/1/82	Interest Income	13.31	146.41
6	1/1/83	Interest Income	14.64	161.05
7	1/1/84	Interest Income	16.11	177.16
8	1/1/85	Interest Income	17.72	194.88
9	1/1/86	Interest Income	19.49	214.37
10	1/1/87	Interest Income	21.44	235.81
11	1/1/88	Interest Income	23.58	259.39
12	1/1/89	Interest Income	25.94	285.33
13	1/1/90	Interest Income	28.53	313.86
14	1/1/91	Interest Income	31.39	345.25
15	1/1/92	Interest Income	34.53	379.78
16	1/1/93	Interest Income	37.98	417.76
17	1/1/94	Interest Income	41.78	459.54
18	1/1/95	Interest Income	45.95	505.49
19	1/1/96	Interest Income	50.55	556.04
20	1/1/97	Interest Income	55.60	611.64
21	1/1/98	Interest Income	61.16	672.80
22	1/1/99	Interest Income	67.28	739.58
23	1/1/00	Interest Income	73.96	813.54
24	1/1/01	Interest Income	81.35	894.89
25	1/1/02	Interest Income	89.49	984.38
26	1/1/03	Interest Income	98.44	1082.82
27	1/1/04	Interest Income	108.28	1191.10
28	1/1/05	Interest Income	119.11	1310.21
29	1/1/06	Interest Income	131.02	1441.23
30	1/1/07	Interest Income	144.12	1585.35
31	1/1/08	Interest Income	158.54	1743.89
32	1/1/09	Interest Income	174.39	1918.28
33	1/1/10	Interest Income	191.83	2109.51
34	1/1/11	Interest Income	210.95	2318.46
35	1/1/12	Interest Income	231.85	2546.31
36	1/1/13	Interest Income	254.63	2793.94
37	1/1/14	Interest Income	279.39	3063.33
38	1/1/15	Interest Income	306.33	3359.66
39	1/1/16	Interest Income	335.97	3685.63
40	1/1/17	Interest Income	368.56	4044.19
41	1/1/18	Interest Income	404.42	4438.61
42	1/1/19	Interest Income	443.86	4869.97
43	1/1/20	Interest Income	486.99	5337.96
44	1/1/21	Interest Income	533.80	5843.76
45	1/1/22	Interest Income	584.38	6388.14
46	1/1/23	Interest Income	638.81	6971.95
47	1/1/24	Interest Income	697.20	7595.15
48	1/1/25	Interest Income	759.52	8258.67
49	1/1/26	Interest Income	825.87	8964.54
50	1/1/27	Interest Income	896.45	9711.99
51	1/1/28	Interest Income	971.20	10503.19
52	1/1/29	Interest Income	1050.32	11348.51
53	1/1/30	Interest Income	1134.85	12243.36
54	1/1/31	Interest Income	1224.36	13187.72
55	1/1/32	Interest Income	1318.77	14186.49
56	1/1/33	Interest Income	1418.65	15240.64
57	1/1/34	Interest Income	1524.06	16354.70
58	1/1/35	Interest Income	1635.47	17520.17
59	1/1/36	Interest Income	1752.02	18742.19
60	1/1/37	Interest Income	1874.22	20020.41
61	1/1/38	Interest Income	2002.04	21352.45
62	1/1/39	Interest Income	2135.25	22737.70
63	1/1/40	Interest Income	2273.77	24176.47
64	1/1/41	Interest Income	2417.65	25668.12
65	1/1/42	Interest Income	2566.81	27214.93
66	1/1/43	Interest Income	2721.49	28816.42
67	1/1/44	Interest Income	2881.64	30473.06
68	1/1/45	Interest Income	3047.31	

OLD SALARY

NEW SALARY

GS-13

STEP 9

\$23,112.00

\$23,737.00

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD
<p>1. <input type="checkbox"/> YES</p> <p>2. <input type="checkbox"/> NO</p>

INITIALS

YES

INITIALS
S
H



EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

L. PATRICK GRAY, III.
ACTING DIRECTOR

7

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED

SEP 1 1972 147

XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

8/20/72
(DATE)

XXXXXX
X JOHN EDGAR HOOVER X
XXXXX DIRECTOR XXX

PERSONNEL FILE COPY

UNITED STATES GOVERNMENT

Memorandum

TO : ACTING DIRECTOR, FBI

DATE: 7/7/72

FROM : SAC, NEW YORK

SUBJECT: SPECIAL AGENT NICHOLAS J. PURCHIA
EUROPEAN TRAVEL

UACB, permission is granted to SA NICHOLAS J. PURCHIA to travel to Europe by air, starting 9/8/72, and ending 10/6/72, a total of 21 work days. He has sufficient accumulated annual leave.

SA PURCHIA will not be travelling to Iron Curtain countries. His itinerary will include Holland, West Germany, Austria and Greece.

2-Bureau (RM)
1-New York

NJP:fam
(3)

7-NOT RECORDED
1 JUL 12 1972

31



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

Revised April 1968

General Services Administration

Interagency Comm. on Medical Records

FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

271 736

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1000 10th Ave			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION JAN 12 1973
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8/28/13		13. PLACE OF BIRTH NEW YORK, NEW YORK		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS PUBLIC HEALTH-245 WEST HOUSTON ST, NYC				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Wears glasses for reading.

Flat feet (asymptomatic).

Scar around neck.

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 13 1973	
FBI — NEW YORK	

ENCLOSURE

67-413797-125	
Searched	Numbered
MAR 22 1973	

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0 32 31 30 Restorable teeth				1 32 31 30 Non-restorable teeth				2 32 31 30 Missing teeth				3 32 31 30 Replaced by dentures				4 32 31 30 Fixed Partial dentures								
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
I	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
T	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NSA
present

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) 1/12/73 - NORMAL CHEST	
B. ALBUMIN NEG	D. MICROSCOPIC 2-4 WBC	50. OTHER TESTS WBC 5,900	
C. SUGAR NEG	Occ Epith Moderate Bacterica	NEUT. 54 EOS. 02 HCT. 48%	
47. SEROLOGY (Specify test used and result) VDRL NON-REACTIVE	48. EKG W.N.L.	49. BLOOD TYPE AND RH FACTOR POS TYPE - A	Lymph. 44 HGB. 16.4 GMS %

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 8"		52. WEIGHT 174		53. COLOR HAIR BROWN-GREY		54. COLOR EYES BROWN		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)											
A. SITTING SYS. 140 DIAS. 90		B. RECUMBENT SYS. 138 DIAS. 86		C. STANDING (3 min.) SYS. 146 DIAS. 96		A. SITTING 90		B. AFTER EXERCISE 108		C. 2 MIN. AFTER 94		D. RECUMBENT 86		E. AFTER STANDING 3 MIN. 90			
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION					
RIGHT 20/30 CORR. TO 20/						BY S. CX						O X O CORR. TO 27 X 10 BY JAEGER					
LEFT 20/30 CORR. TO 20/						BY S. CX						O X O CORR. TO 28 X 12 BY #2					
62. HETEROPHORIA (Specify distance)																	
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD			
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED					
RIGHT LEFT				ISHIHARA - NORMAL								CORRECTED					
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION					
				PROFILE #1													
70. HEARING				71. NORMAL AUDIOMETER TAKEN 1/12/73								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					
RIGHT WV 15 /15 SV 30 /15				250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192													
LEFT WV 15 /15 SV 30 /15				RIGHT 15 10 15													
				LEFT 15 15 25													

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- #24 - Wears glasses for reading
 - #36 - Flat feet bilateral asymptomatic.
 - #39 - Scar around neck no sequelae.
 - #57 - Blood pressure rechecked be me as above.
- History as given on form 58 no sequelae.

Advise Blood Pressure to be rechecked by nurse (FBI)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	
B. PHYSICAL CATEGORY						
A	B	C	E			

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

IDESIA B DURAN, M.D.

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

JOHN H. HOLT, DDS.

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

JOHN I. JEANNOPOULOS, M.D.

MEDICAL OFFICER IN CHARGE

NUMBER OF ATTACHED SHEETS

NICHOLAS PURCHIA

3/5/73, - 10:30 AM - 152/84 RA
2:30 PM - 152/92 RA, bfg
3/6/73, - 10:30 AM - 152/90 RA
2:40 PM - 156/88 RA, bfg
3/7/73, 10:45 AM - 154/84 RA,
2:30 PM - 130/84 RA, bfg

D. Duane

ENCLOSURE

67-413797-125

59

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN #44
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-413797-125

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 155	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

Date

January 18, 1973

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

I want to extend my heartfelt sympathy
to you on the passing of your Father.

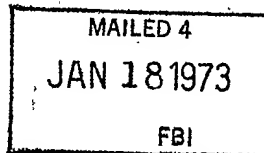
I do hope you will gain some solace from
knowing that your friends in the FBI are thinking
of you, and that we are sharing your sorrow.

Sincerely,

L. Patrick Gray III

1 - SAC, New York (Personal Attention)

MPM
(4)



Felt _____
Baker _____
Callahan _____
Cleveland _____
Conrad _____
Dalbey _____
Gebhardt _____
Jenkins _____
Marshall _____
Miller, E.S. _____
Purvis _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

MAIL ROOM ☐ TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407

Where Assigned: NEW YORK SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1972 to MARCH 31, 1972

ADJECTIVE RATING: EXCELLENT Employee's Initials
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Raymond J. Ruckel Supervisor 3/31/73
Signature Title Date
RAYMOND J. RUCKEL Special Agent in Charge 3/31/73
Reviewed by: Arbor W. Gray Title Date
Signature
ARBOR W. GRAY Assistant Director APR 26 1973
Rating Approved by: W. J. Hallahan Title Date
Signature

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-1 67-413797-126
Searched Numbered
4 APR 26 1973
257

APR 27 1973

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA #069-16-6407

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; + E. Accounting; 0 F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA PURCHIA continues to be assigned to Section 44 which is responsible for the investigation of the Communist Party. He handles both organizations and individuals, including a volume of complicated work, with a minimum of supervision. SA PURCHIA is a highly dependable and conscientious agent who willingly accepts responsibility. His overall performance rating is excellent.

He has participated in the Bureau's applicant recruitment program.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available whenever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No

B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Security

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

NPJ

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- ✓ 13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- ✓ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed 0 informants; 0 potential informants.
Although SA PURCHIA has not developed any informants or PSI's during this rating period, he very capably handles a security informant previously developed and currently has cases assigned to him for the sole purpose of developing informants.
- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
☒ A. Reports; ☒ B. Memos, letters, wires.
- ✓ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- ✓ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
☐ A. Leadership ☐ F. Devising procedures
☐ B. Ability to handle personnel ☐ G. Promoting high morale
☐ C. Making decisions ☐ H. Getting results
☐ D. Assignment of work ☐ I. Furthering equal employment opportunity
☐ E. Training subordinates
- ✓ 18. Raids and dangerous assignments; 0 A. As leader; ✓ B. As participant.
- ✓ 19. Miscellaneous. Specify and rate:
✓ Dictation; ☒ Applicant recruitment; ☐ Other _____
- ✓ 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
- ✓ 21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
C. Completed Bureau Language School ☐ No ☐ Yes _____, _____
Specify language(s)
22. Administrative Advancement: ☒ (Check block if not interested.)
A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.
23. Number of Incentive Awards _____.
Commendations received from Director: Individual _____ Through Superior _____.
Suggestions submitted _____.
If none, check block ☒.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS msb

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/22/73

FROM : *JM/PRM* NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION

☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination of 1/24/73
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

NOT RECORDED

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: Flat feet - asymptomatic.
Blood pressure - 140/90; 138/86; 146/96. Serial
blood pressures taken in Health Service and revaluated by Dr.
Dr. DURAN as acceptable. No further evaluation necessary. Serial
blood pressures attached.
Lymphocytes are increased - no repeat necessary.

① - Bureau PR 2 1973
1 - New York
RHM:gt
(2)

2 ENCLOSURE

ENCLOSURE

THANK

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

11/18/73

I certify that I have ☒ received ☐ returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484

FILE

3/1 km

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

67-NOT RECORDED

9 FEB 28 1973

Very truly yours,

(Signature)

Nicholas J. Purchia

(Typed name)

NICHOLAS J. PURCHIA

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME PURCHIA, NICHOLAS JOHN		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT - FBI	3. IDENTIFICATION NO. 271 736
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL	6. DATE OF EXAMINATION 17 DEC 1974
7. SEX MALE	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY FBI
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8/28/13	
13. PLACE OF BIRTH NEW YORK, NEW YORK		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U.S. PUBLIC HEALTH, 245 W. HOUSTON ST., NYC		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicose veins, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Corrected for reading.

Flat feet (asymptomatic)

REC-145

Scar around neck.

10 FEB 21 1974

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																																																		
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LABORATORY FINDINGS		46. CHEST X-RAY (Place, date, film number and result)
45. URINALYSIS: A. SPECIFIC GRAVITY 1.010	B. ALBUMIN NEG	C. SUGAR NEG
D. MICROSCOPIC NEGATIVE	47. SEROLOGY (Specify test used and result) VDRL NON-REACTIVE	48. EKG SEE #73
49. BLOOD TYPE AND RH FACTOR RH - POS TYPE - A	50. OTHER TESTS WBC 6,500 NEUT. 66 EOS. 01 HCT. 50% LYMPH. 33 HGB. 17.0 GMS %	

10 MAR 1 1975
55

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 8"		52. WEIGHT 176		53. COLOR HAIR* BROWN-GREY		54. COLOR EYES BROWN		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 986																													
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 160 DIAS. 98		B. RECUMBENT SYS. 160 DIAS. 98		C. STANDING (3 min.) SYS. 160 DIAS. 98		A. SITTING 76		B. AFTER EXERCISE 76		C. 2 MIN. AFTER 76		D. RECUMBENT 60																												
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION																															
RIGHT 20/		CORR. TO 20/		BY S.		CX		O X O		CORR. TO 23 X 15		BY JAEGER																												
LEFT 20/		CORR. TO 20/		BY S.		CX		O X O		CORR. TO 24 X 13		BY #2																												
62. HETEROPHORIA (Specify distance)																																								
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC PD																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																												
RIGHT LEFT				ISHIHARA - NORMAL								CORRECTED																												
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION																												
				NORMAL FOR SPEECH																																				
70. HEARING				71. AUDIOGRAM AUDIOMETER TAKEN 12/17/73								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV 15 /15 SV 30 /15				<table border="1"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td>10</td> <td>5</td> <td>10</td> <td>40</td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td>10</td> <td>15</td> <td>20</td> <td>30</td> <td>35</td> <td>20</td> <td></td> </tr> </table>									250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT		10	5	10	40	5	5		LEFT		10	15	20	30	35	20			
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LEFT WV 15 /15 SV 30 /15																																								

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- #24 - Corrected for reading.
 #36 - Flat feet bilateral (asymptomatic).
 #39 - Scar around neck no sequelae.
 #57 - Blood pressure rechecked by me show: 150/90 sitting - 150/90 recumbent - 150/92 standing.
 Patient will recheck blood pressure with nurse in office.
 History as given on form 93 no sequelae.

#48 - EKG = Left atrial enlargement I V P B (V4) Low voltage QRS

up is required.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN IDESIA B DURAN, M.D.						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) STEPHEN R. SHULMAN, D.D.S.						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY JOHN L. JEANNOPOULOS, M.D. DIRECTOR						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN 3B10
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-412 797-127

ENCLOSURE

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	130 - 162	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

Date

EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

(1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;

(2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;

(3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;

(4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Nicholas J. Surchia
(Signature)

Witnessed and accepted in behalf of the Director, FBI, on

Sept 04, 19 73, by Rasmussen Shuckel
(Signature)

3/10/73

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA #069-16-6407Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT GS-13Rating Period: from APRIL 1, 1973 to MARCH 31, 1974ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsNPRated by: Raymond J. Ruckel SUPERVISOR 3/31/74
Signature Title Date

RAYMOND J. RUCKEL

Reviewed by: Joseph V. Baker SPECIAL AGENT 3/31/74
Signature Title Date

JOSEPH V. BAKER

Rating Approved by: Eugene W. Walsh Assistant Director MAY 13 1974
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-139

67-413797-128
3 MAY 15 1974
18

44

10 MAY 16 1974

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA #069-16-6407

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA PURCHIA is assigned to Section 3B10 which is responsible for the investigation of CPUSA. He is assigned both organizations and individuals affiliated with the Communist Party, and handles a large volume of complicated matters which he handles with a minimum of supervision. He is highly capable, conscientious, reliable and industrious agent.

He has participated in the Bureau's applicant recruitment program.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Security

ADJECTIVE RATING: EXCELLENT
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS NP

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- ✓ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed 0 informants; 0 potential informants.
Though he has not developed any informants in this rating period, he has handled an informant previously developed in a highly capable manner and has considered individuals interviewed during the course of his investigations for possible development.
- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
✓ A. Reports; ✓ B. Memos, letters, wires.
- ✓ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
☐ A. Leadership ☐ F. Devising procedures
☐ B. Ability to handle personnel ☐ G. Promoting high morale
☐ C. Making decisions ☐ H. Getting results
☐ D. Assignment of work ☐ I. Furthering equal employment opportunity
☐ E. Training subordinates
- ✓ 18. Raids and dangerous assignments; 0 A. As leader; ✓ B. As participant.
- ✓ 19. Miscellaneous. Specify and rate:
✓ Dictation; ✓ Applicant recruitment; ☐ Other _____
- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
C. Completed Bureau Language School ☐ No ☐ Yes _____, _____
Specify language(s)
22. Administrative Advancement: ☒ (Check block if not interested.)
A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.
23. Number of Incentive Awards _____.
Commendations received from Director: Individual _____ Through Superior _____.
Suggestions submitted _____.
If none, check block ☒.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS NA

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

DATE: 2/26/74

TO : Director, FBI

FROM : SA NICHOLAS J. PURCHIA
Social Security Number 069-16-6407
Office of assignment NY
SUBJECT: OFFICES OF PREFERENCE

Attention: 1. Movement Unit

2. ~~Data Processing Section~~

Please list my offices of preference as follows:

1. NEW YORK
2. _____
3. _____

67-NOT RECORDED

34 APR 4 1974

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/14/74

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION

☐ Remylet _____
☐ ReBulet _____

- ☒ Re physical examination of 1/4/74
☒ Dental work was completed on January 1974
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

- ☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remark s:

Flat feet, asymptomatic.
Blood pressure 160/98, 160/98, 160/98. Rechecked by
Dr. DURAN as 150/90, 150/90, 150/92. SA continues to see
Dr. ROBERT PONTONE for periodic checkups and blood pressure is
evaluated as no cause for concern. Blood pressure rechecked in
Health Service as 150/88.
EKG - reflects slight left atrial enlargement. Dr. DURAN
advised no follow-up necessary.

① - Bureau
1 - New York
JJM:gt

2 ENCLOSURE 10
HANDLED SEPARATELY

10 MAR 1 1974 55

THREE
cm

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		1.025	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	NEG	D. MICROSCOPIC 2-4 WBC	
C. SUGAR	NEG	OCC EPITH	
47. SEROLOGY (Specify test used and result)		48. EKG	49. BLOOD TYPE AND RH FACTOR
VDRL NON-REACTIVE		SEE #73	POS TYPE - A
		50. OTHER TESTS	WBC 6,700
			NEUT. 59 EOS. 01 HCT. 50%
			LYMPH. 38 MON. 02 HGB. 17.4 GM%

8 FEB 21 1975

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 8"		52. WEIGHT 182½		53. COLOR HAIR BROWN-GREY		54. COLOR EYES BROWN		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 140 DIAS. 90		B. RECUMBENT SYS. 140 DIAS. 90		C. STANDING (3 min.) SYS. 130 DIAS. 90		A. SITTING 82		B. AFTER EXERCISE 88		C. 2 MIN. AFTER 82	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/ 20 CORR. TO 20/		BY S.		CX		0 X 0 CORR. TO 27 X 12		BY JAEGER			
LEFT 20/ 20 CORR. TO 20/		BY S.		CX		0 X 0 CORR. TO 27 X 10		BY #2			
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				ISHIHARA - NORMAL				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. RIGHT VISION (Test used and score)				68. RED LENS TEST			
				SEE #73				69. INTRAOCULAR TENSION			
70. HEARING				71. Audiogram				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV 15 /15 SV 30 /15				250 500 1000 2000 3000 4000 6000 8000 256 512 1024 2048 4096 8192							
LEFT WV 15 /15 SV 30 /15				RIGHT 5 5 10 45 35 45							
				LEFT 10 10 15 25 30 75							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#71 - Audiogram: Normal for speech. Has minimal high frequency loss.

#48 - E.K.G.: Left atrial enlargement less pronounced than in 12/73, otherwise NSC.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

JEFFREY R. BARBASH, D.D.S.

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
JOHN L. JEANPOULOS, M.D. DIRECTOR

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee PURCHIA NICHOLAS JOHN 3B10
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-419797-127

[Handwritten signature]

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Dr. Julian P. B...
 Signature of Medical Examiner

11/6/75
 Date

UNITED STATES GOVERNMENT

Memorandum

DATE: 7/5/74

TO : DIRECTOR, FBI

INTERVIEW OR REPORT
RE SICK LEAVE

FROM : SAC, NEW YORK

SUBJECT: NICHOLAS J. PURCHIA
SPECIAL AGENT☒ Captioned employee has been absent because of illness on four separate occasions of a day or more within six months or less on the dates set out below and has explained these absences as follows:☐ The attendance record of captioned employee has previously been brought to the Bureau's attention, and this is a follow-up report. Since the last report to the Bureau, the employee has had the following illness absences of a day or more:

Date	Reason	Date	Reason
6/7/74	Stomach disorder		
6/10-11/74	" "		
6/13-14/74	" "		
6/18/74	" "		
6/21/74	" "		

Employee has 1977 hours of sick leave accrued.

CHECK AND COMPLETE APPLICABLE ITEMS

- ☒ Under a physician's care? Dr. ROBERT PONTONE, Ridgefield Park, New Jersey.
- ☒ Employee was advised attendance would be followed.
- ☒ Attitude of employee was excellent
- ☐ Employee was referred to Health Service (where available) for assistance.
- ☐ Communication previously submitted re employee's sick leave, dated _____
- ☒ Work record is excellent
- ☐ Additional comments.

RECOMMENDATION(S)

- ☐ Employee's leave record is considered to be so aggravated as to require submission of doctor's certificate for future sickness absences of a day or more, and this will be done, UACB. Employee was advised if absences not supported by doctor's certificate, annual leave will be charged and if no annual leave accrued, leave without pay will be charged.
- ☒ No action necessary; for information.
- ☐ Follow-up report will be submitted in 60 days.

- ① - Bureau (RM)
- 1 - New York (Personnel File of SA PURCHIA)

RJR:JL

(2)

RAYMOND J. RUCKEL

Interview conducted by (signature)

SUPERVISOR

Title

67-NICHOLAS PURCHIA

10 JUL 9 1974

RETIREMENT INFORMATION

Name: **Nicholas J. Purchia**e: **3-4-75**

APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☒ Not applicable.
☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ _____.
☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year, 11 months, 27 days of accrued sick leave, ☐ other civilian Government service and/or ☒ military service known to us, totalling 34 years, 2 months, 9 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

TYPES OF ANNUITY

Married applicants only

- | | With Deposit | Without Deposit | With Redeposit | Without Redeposit | With Deposit & Redeposit |
|--|--------------|-----------------|----------------|-------------------|--------------------------|
| <input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) \$ 1607* | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Annuity Without Survivor Benefit \$ 1759* | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Unmarried applicants only (Including Widowed or Divorced)

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| <input type="checkbox"/> Annuity without Survivor Benefit \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
- plus annuity for each eligible child.

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 4-25-75 your annuity will commence 4-28-75 immediately following the ☒ cease active duty date or ☐ expiration of sick leave on _____ earned through _____. Item B2 on application ☐ changed to ☐ should be changed to close of business

_____. If ☐ annual leave or sick leave was or will be used by you subsequent to _____ this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ **3725**. A deduction for Federal income tax has been made from this estimate.

***Based on 12-31-74 computation.**

67-413797-130
ENCLOSURE

(over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$_____.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 34,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age beginning at \$2.82 monthly for persons under age 35 and ranging to \$41.17 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on _____. If you desire to waive the insurance, you should submit SF-176. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as _____.
- This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCE - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

Your Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Spouse and Children Pre-retirement Amount		Amount Continued at Retirement	Semi-Annual Cost
			Spouse	Child		
\$ 3,000	\$ 1,500	\$ 3.25				
7,000	3,500	12.25				
8,000	4,000	15.00				
10,000	5,000	20.00	\$ 2,000	\$ 1,000	\$ 1,000	\$ 2.25
12,000	6,000	25.75	4,000	3,500	2,000	8.00
15,000	7,500	33.50	8,000	3,500	4,000	16.00
20,000	10,000	48.00	10,000	NONE	5,000	20.00
23,000	11,500	58.50				
30,000	15,000	75.00				
35,000	17,500	87.50				

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children from age 1 to 19 (or 23 if full-time student.) Upon retirement your premium cannot be withheld by payroll allotment. You should contact Wright & Company who in turn will issue a monthly premium payment book. Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

ENCLOSURE

- ☐ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System"
- ☐ Standard Form 2801-B, "Physician Statement," for disability retirement.

ADDITIONAL INFORMATION

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT <i>(Last, First, Middle)</i>	2. DATE OF BIRTH <i>(Month, Day, Year)</i>	3. SOCIAL SECURITY ACCOUNT NUMBER
PURCHIA, NICHOLAS JOHN	8-28-13	069 16 6407

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE <i>(Month) (Day) (Year)</i>	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS <i>(Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)?</i>
10-20-41	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

3. IF ANSWER IN ITEM 2 IS **YES**, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is **NOT** acceptable for retirement purposes. If employee claims civilian service **NOT** verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM <i>(If any)</i>	REMARKS
12-9-46	Appointed		FBI	CS	(Retirement deductions began)
4-25-75	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-4-17				TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0	

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE *(If claimed by applicant)*

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT?	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER *(By prior comparison with official military discharge certificate)* FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
3-21-41	5-9-46	U. S. Army	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 5-1-19			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY?	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? <i>(See FPM Supplement 831-1, Retirement, Subchapter S3-5f.)</i>
<input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, <u>if available</u> .	<input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, <u>if available</u> .
<input checked="" type="checkbox"/> No.	<input type="checkbox"/> No. <i>(Includes cases where waiver unnecessary)</i>

CSC 1084
May 1971

ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM

ENCLOSURE

67-413797-130

[Signature]

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: 2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information: 442 Enrollment Code Number 3205918 Carrier Control Number	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder. HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval <u>before</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted <u>after</u> separation for retirement. HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted <u>after</u> separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL	
OFFICIAL TITLE Personnel Officer	DATE 3-4-75
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & I Ave. N. W. Washington, D. C. 20535	

Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.	_____
Adm. Serv.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

New York, New York
February 25, 1975

Honorable Clarence M. Kelley
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Kelley:

I respectfully submit my request to retire from my position as Special Agent, Federal Bureau of Investigation, to be effective at the close of business, April 25, 1975.

I find that this letter is difficult for me to submit. Since my acceptance as a Special Agent on December 9, 1946, I have found my work both gratifying and rewarding. In addition, my service of over twenty-eight years has made me proud to be associated with an outstanding group of dedicated men.

I would consider it an honor to receive a personally autographed photograph of yourself.

I want you to personally know the Federal Bureau of Investigation will always have my support and my willingness to be of assistance to the organization.

Sincerely yours,

Nicholas J. Purchia

NICHOLAS J. PURCHIA

REC-134

67-413797-130
9 MAR 11 1975

*Get ask
3-4-75
pay*

THREE

*Enclosures detached
and sent to Kelly
2-27-75 PDC*

b6
b7c

Report of Exit and Separation
FD-193 (Rev. 7-10-74)

TO: Director, FBI
FROM: SAC, New York

DATE:

2/25/75

Name of Employee NICHOLAS J. PURCHIA	EOD Date 12/9/46	Title SPECIAL AGENT
Last Local Address 91 Blauvelt St., Teaneck, New Jersey 07666	Forwarding Address (include Zip Code, if known) Same	
Cease-active-duty Date (hour and last day physically at work) 5:00 pm, 4/25/75	Working Hours (include workweek if other than Monday - Friday) 8:15 am - 5:00 pm	
Interview Conducted By (Signature) <i>James J. Ingram</i>		Title SPECIAL AGENT IN CHARGE

LEAVE DATA Leave category ☐ 4 ☐ 6 ☒ X8
Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date. AL 303 SL 2055
Hours of annual leave carried over at beginning of current leave year. AL 249
Leave to be used prior to cease-active-duty date _____
Note: Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation.
If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL _____ SL _____

READ BEFORE INTERVIEWING

Purposes:

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item M. Comments.

A.

- | | |
|--|--|
| 1. <input type="checkbox"/> Return to Home Area | 8. <input type="checkbox"/> Dissatisfaction With Assignment |
| 2. <input type="checkbox"/> Homesick for Family and Friends | 9. <input type="checkbox"/> Dislike of Production or Work Standards |
| 3. <input type="checkbox"/> Unable to Adjust to City Environment | 10. <input type="checkbox"/> Dislike Performing Overtime |
| 4. <input type="checkbox"/> Living Costs | 11. <input type="checkbox"/> Dislike Shift Assignment |
| 5. <input type="checkbox"/> Transportation | 12. <input type="checkbox"/> Working Conditions - Physical Plant (i.e., no air conditioning) |
| 6. <input type="checkbox"/> Housing | 13. <input type="checkbox"/> Working Conditions (other than physical plant) |
| 7. <input type="checkbox"/> Concern Over City Life (Crime, etc.) | 14. <input type="checkbox"/> Lack of Promotional Opportunity |

B.

- | | |
|---|---|
| 15. <input type="checkbox"/> Military | 22. <input type="checkbox"/> Change of Residence (husband or family moving) |
| 16. <input type="checkbox"/> Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)
Check both reason and type.
Reason:
<input type="checkbox"/> a. Promotional
<input type="checkbox"/> b. Enter different field
Type:
<input type="checkbox"/> a. Other Government employment
<input type="checkbox"/> b. Private industry
<input type="checkbox"/> c. Self-employment | 23. <input type="checkbox"/> Housewife or Child Care |
| 17. <input type="checkbox"/> Poor Health (Self) | 24. <input type="checkbox"/> Resignation requested |
| 18. <input type="checkbox"/> Poor Health (Family) | 25. <input type="checkbox"/> Removal
<input type="checkbox"/> All involuntary separations
<input type="checkbox"/> Abandonment of position - failed to submit resignation |
| 19. <input type="checkbox"/> Marriage | 26. <input type="checkbox"/> Resigned during administrative inquiry |
| 20. <input type="checkbox"/> Maternity | 27. <input checked="" type="checkbox"/> Retirement
<input type="checkbox"/> Optional (including liberalized); give reason |
| 21. <input type="checkbox"/> Attend School; <input type="checkbox"/> locally; <input type="checkbox"/> other area | 28. <input type="checkbox"/> Disability
<input type="checkbox"/> Other (Explain under comments) |

- C. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item M. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

- a. ☐ Advise employee any money due being held in abeyance until determination is made as to any indebtedness.
b. ☐ Advise Bureau of resignation, Attention Data Processing Section on _____
by ☐ teletype ☐ telephone

1 - Bureau
1 - Pers. File
1 - NY 66-2961

(over)

- D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No
- G. If employee is resigning for maternity purposes, appropriate block must be marked:
- ☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
- ☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
- ☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No
- I. Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No
- J. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- K. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- L. The retiring employee is qualified and desires the ☐ 20-year plaque ☒ 25-year plaque ☐ 30-year plaque. *See order. 2-27-75*
- M. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)
- N. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

O. Recommendations re reinstatement: ☐ Yes ☐ No (If No, explain why.)

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/11/75

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN PURCHIA
SPECIAL AGENT
PHYSICAL EXAMINATION

☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination of 11/6/74
☒ Dental work was completed on December 1974
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

~~NOT RECORDED-10~~

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments? ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Audiogram notes a minimal high frequency hearing loss, normal for conversation.
EKG reflects left atrial enlargement is less pronounced than in 12/73. No significant change other than this.
Evaluated in past as no need for concern.

1 - Bureau
1 - New York
JJM:gt
(2)

ENCLOSURE
HANDLED SEPARATELY

THREE

FEB 11 1975

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PURCHIA SSN 069-16-6407

Where Assigned: NEW YORK INTERNAL SECURITY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from 4/1/74 to 3/31/75

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials
JP

Rated by: Raymond J. Ruckel Supervisor 3/31/75
RAYMOND J. RUCKEL Signature Title Date

Reviewed by: James O. Ingram Special Agent in Charge 3/31/75
JAMES O. INGRAM Signature Title Date

Rating Approved by: Eugene W. Walsh Assistant Director MAY 19 1975
Signature Title Date

TYPE OF REPORT

- ☒ Official
☒ Annual
- ☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC 48

67-413797-131
8 APR 17 1975 98

10 MAY 20 1975

28

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA # 069-16-6407

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

○ No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1.** Personal appearance.
- + 2.** Personality and effectiveness of his personal contacts.
- + 3.** Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4.** Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5.** Resourcefulness, ingenuity, and initiative.
- + 6.** Forcefulness and aggressiveness as required.
- + 7.** Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8.** Planning of work.
- + 9.** Accuracy and attention to pertinent detail.
- + 10.** Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11.** Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12.** Performance results (rate if applicable and mark others O) **+ A.** Internal Security; **○ B.** Criminal or General Investigative; **○ C.** Fugitive; **○ D.** Applicant; **○ E.** Accounting; **○ F.** Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA PURCHIA is assigned to the section which handles the investigation of organizations and individuals affiliated with the Communist Party USA. He handles both organizations and individuals and carries a large volume of complicated matters which he handles with a minimum of supervision. He is a highly resourceful, conscientious, reliable, and industrious agent who can also be depended on to do a very fine job on matters assigned to him. It is noted SA PURCHIA is due to retire effective 4/25/75.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands his/her position description.

Employee's Initials

NJP

B. Is employee available wherever needs of service require for general assignment? ☐ Yes ☒ No Special assignment? ☐ Yes ☒ No

C. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Security

ADJECTIVE RATING: EXCELLENT
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

NJP

(Checklist and Narrative Comments continued)

- ✓ 13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
✓ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.

During rating period developed 0 informants; 0 potential informants.

Although he has not developed any informants or sources in this rating period, he continues to handle an informant previously developed in a highly capable and efficient manner and has the Bureau's informant program in mind during the course of interviews of individuals in connection with his investigations.

- ✓ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
+ A. Reports; + B. Memos, letters, wires.
✓ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
✓ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
____ A. Leadership ☐ F. Devising procedures
____ B. Ability to handle personnel ☐ G. Promoting high morale
____ C. Making decisions ☐ H. Getting results
____ D. Assignment of work ☐ I. Furthering equal employment opportunity
____ E. Training subordinates

- ✓ 18. Raids and dangerous assignments; ☒ A. As leader; ☒ B. As participant.

- ✓ 19. Miscellaneous. Specify and rate:

+ Dictation; ☒ Applicant recruitment; ____ Other _____

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in NA language(s).
Can handle typical investigative problems as follows:

- A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____.

- C. Completed Bureau Language School ☐ No ☐ Yes _____, _____, _____.
Specify language(s)

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.

23. Number of Incentive Awards _____.

Commendations received from Director: Individual _____ Through Superior _____.

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS ATB

REC-134

lib Retire in view of ltr 8336(c) SVSC act
eff 4-25-75 am to comm 4-26-75

N/A SV N/A [signature]

March 4, 1975

~~PERSONAL~~

Mr. Nicholas J. Purchia
Federal Bureau of Investigation
New York, New York

Dear Mr. Purchia:

I have your letter of February 25, 1975,
concerning retirement, and am certainly sorry to see you
leave.

MAILED 7
MAR 5 1975
FBI

Loyalty and devotion to duty have marked
your service to this organization for well over twenty-five
years, and I want you to know of my appreciation. You can
take justifiable pride in the capable efforts you have
expended in furtherance of meeting our responsibilities,
and I am glad to note that you have derived satisfaction
from your association with the FBI and its personnel.

It will be a pleasure to forward under separate
cover my autographed photograph as you requested. Thank
you for your assurance of continued support and offer to be
of future assistance. I hope that the years ahead will be
happy ones for [redacted] and you.

Sincerely,
C. M. Kelley

Salary GS 13 (E-9)
\$27,632 gv

- Assoc. Dir. _____
- Dep. AD Adm. _____
- Dep. AD Inv. _____
- Asst. Dir.: _____
- Admin. _____
- Comp. Syst. _____
- Ext. Affairs _____
- Files & Com. _____
- Gen. Inv. _____
- Ident. _____
- Inspection _____
- Intell. _____
- Laboratory _____
- Plan. & Eval. _____
- Spec. Inv. _____
- Training _____
- Legal Coun. _____
- Telephone Rm. _____
- Director _____

- 1 - SAC, New York (Personal Attention) Enclosures (5) The attached Form 3-496 with 3 enclosures should be given to SA Purchia. There is also attached a copy of Form 3-496 for your information.
- 1 - [redacted]
- 1 - Data Processing Section (Sent Direct)
- 1 - [redacted] (Last physical on 12-18-74)
- 1 - [redacted] SA Purchia's cease active duty date is 4-25-75. EOD 12-9-46, SA. Forwarding address: 91 Blauvelt Street, Teaneck, New Jersey 07666.

360 [signature]

b6
b7C

MAIL ROOM ☒

TELETYPE UNIT ☐

See Note Page 2

Mr. Nicholas J. Purchia

(Continued)

NOTE: SA Purchia is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Agent, New York Office, in GS-13, \$27, 632 per annum.

Director, FBI

4/25/75

Attention: Administrative Division

SAC, NEW YORK

1. Pers. Actions.....

2. Property.....

4. Payroll.....

SA NICHOLAS J. PURCHIA
SSAN 069-16-6407

The following is submitted in connection with the separation of the above employee who
ceased duty April 25, 1975

The following Bureau property obtained and is ☐ enclosed, ☐ transmitted under separate
cover by ☒ registered mail
☐ railway express

- all Property
as listed
rec'd
5-1-75
JH*
- ☒ Bureau Badge with case # 2803
 - ☒ Commission Card with case # 1484
 - ☐ Agent's Brief Case
 - ☐ Zipper Brief Case
 - ☒ Colt Official Police Revolver # 649 803
 - ☐ S & W Military and Police Revolver # _____
 - ☒ Holster and adapter for above revolver
 - ☒ FBI Handbook # 4492
 - ☐ Inspectors' Manual # _____
 - ☐ GTRs numbers _____

(retained in office for future use)

- 102*
- ☒ FBIRA Card ☐ destroyed, ☐ not a member, ☒ unable to locate
 - ☐ FBI Identification Card # _____, destroyed in office
 - ☐ Handbook for FBI Employees, retained for future use
 - ☐ U. S. Government Operator's Identification Card # _____
 - ☐ Non-Agent Credential Card with case # _____
 - ☐ _____

The following are attached for the Bureau:

REC-137

- ☐ Performance Rating as of the cease-active-duty date if employee is departing on
maternity leave or separating for military service and there has been a substantial
change in performance since last rating.
- ☐ Electrocardiogram tracings

Forwarding address: 91 Blauvelt Street
Teaneck, New Jersey 07666
201/TE6-6680

Agents Only: Is above forwarding address changed from that shown on exit interview
form? ☐ Yes ☐ No

Remarks:

- ②* - Bureau
(1 - Package)
- New York
5 MAY - New York
Enc. RJR:ji
(3)

THREE

FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 14

Page 63 ~ Referral/Direct

Page 64 ~ Referral/Direct

Page 68 ~ Referral/Direct

Page 69 ~ Referral/Direct

Page 73 ~ Referral/Direct

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